



School Insurance Specialists

<u>DRIVER ACCIDENT REPORT</u>	
I N S U R E D	District Name: _____
	Driver: _____ Telephone: () _____
	Year, Make, Model: _____ V.I.N.: _____
	Damage: _____
	Where Can Vehicle Be Seen: _____
A C C I D E N T	Date: _____ Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Location: _____
	Description of Accident: _____
	Was car parked and unattended? _____
	Reported to Police? Yes <input type="checkbox"/> No <input type="checkbox"/> To Whom? _____
	Address: _____ Telephone: () _____
Report #: _____ Citation Issued? Yes <input type="checkbox"/> No <input type="checkbox"/> To Whom? _____	
O T H E R P A R T Y	Owner: _____ Telephone: Home () _____
	Address: _____ Work () _____
	Driver: _____ Telephone: Home () _____
	Address: _____ Work () _____
	Year, Make, Model: _____ V.I.N.: _____
Damage: _____	
I N J U R E D	Name: _____ Telephone: Home () _____
	Address: _____ Work () _____
	Nature of Injury: _____
	Check One: Insured Vehicle <input type="checkbox"/> Claimant Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/>
	Taken by Ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/> Where? _____
W I T N E S S	Name: _____ Telephone: Home () _____
	Address: _____ Work () _____
	Name: _____ Telephone: Home () _____
	Address: _____ Work () _____

Report Prepared By: _____
 Title: _____ Phone: () _____ Date: _____

Complete this diagram only if accident occurs on private property (ex. Parking lot, school property).

Indicate on diagram what happened.

1. Draw heavy lines to show streets
2. Name streets
3. Draw arrow pointing north
4. Show vehicles and pedestrians thus:

Vehicles



Pedestrians



5. Show angle of collision



What to do in case of an accident:

Complete both pages of this report at the scene of the accident and submit it to your school business or transportation office. In case of a severe accident, telephone your office at once.

Common Situations & What to Do

Stuck Parked Vehicle

- School Vehicle Subject to Deductible
- Parked Vehicle Fully Covered by School's Insurance
- Requires a police report or accident report if police not called
- Requires two (2) Estimates of Damage

Struck Another Moving Vehicle (At Fault)

- School Vehicle Subject to Deductible
- Other Vehicle Covered by Owner's Insurance – Under Mini-Tort Law, Covered up to Deductible or \$500, whichever is less, by school insurance
- Requires Police Report
- Requires Two (2) Estimates of Damage

Struck by Another Moving Vehicle (Not At Fault)

- School Vehicle Fully Covered by School Insurance
- Other Vehicle Covered by Owner's Insurance
- Requires Police Report
- Requires Two (2) Estimates of Damage

Automobile Liability

Any claim involving bodily injury should be reported to the Pool as soon as possible

Claims Contact: Jesse Sherman

Phone: (800) 292-5421 ext. 611 or
(517) 816-1611

Fax: (517) 482-0800

Email: jsherman@setseg.org

Mail: 415 W. Kalamazoo St.
Lansing MI 48933