### DRIVER ACCIDENT REPORT

**INSURED**

- **District Name:**
- **Driver:**
- **Telephone:** ( )
- **Year, Make, Model:**
- **V.I.N.:**
- **Damage:**
- **Where Vehicle Can Be Seen:**

**ACCIDENT**

- **Date:**
- **Time:** [ ] a.m. [ ] p.m.
- **Location:**
- **Description of Accident:**
- **Was Car Parked and Unattended?**
- **Reported to Police?** [ ] Yes [ ] No [ ] To Whom?
- **Address:**
- **Telephone:** ( )
- **Report #:**
- **Citation Issued?** [ ] Yes [ ] No [ ] To Whom?

**OTHER PARTY**

- **Owner:**
- **Telephone:** Home ( )
- **Address:**
- **Work** ( )
- **Driver:**
- **Telephone:** Home ( )
- **Address:**
- **Work** ( )
- **Year, Make, Model:**
- **V.I.N.:**
- **Damage:**

**INJURED**

- **Name:**
- **Telephone:** Home ( )
- **Address:**
- **Work** ( )
- **Nature of Injury:**
- **Check One:** Insured Vehicle [ ] Claimant Vehicle [ ] Pedestrian [ ]
- **Taken by Ambulance?** [ ] Yes [ ] No [ ] Where?

**WITNESS**

- **Name:**
- **Telephone:** Home ( )
- **Address:**
- **Work** ( )
- **Name:**
- **Telephone:** Home ( )
- **Address:**
- **Work** ( )

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**Report Prepared By:**

- **Title:**
- **Phone:** ( )
- **Date:**

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**MASB-SEG Property/Casualty Pool**

415 W. Kalamazoo St.  Lansing MI 48933  Phone: 800.292.5421  Fax 517.482.0800
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
   1  2
   Pedestrians 0
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

**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

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