

Motor Vehicle Claim Report

Fatality Involved

Does this incident involve a fatality? Yes No

Member Information

Member Name: _____

Contact name: _____ Title/Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

E-mail: _____

Incident Information/Location

Date of Incident: _____ Time of Incident: _____

Address: _____

City: _____ State: _____ Zip: _____

Detailed Description of Incident: _____

Incident Type

Type of Incident/Loss:

Hail Wind Glass Only Theft Vandalism

Collision with another vehicle Collision with an object/property Non-Collision incident

Was a police report filed? Yes No

Department Name: _____ Case/Report Number: _____

Member Vehicle Information

Vehicle/Bus #: _____ Vehicle ID #: _____ Vehicle Year: _____

Make: _____ Model: _____ License Plate/State: _____

Location of vehicle: _____

Describe the point of impact and/or area of damage to this vehicle: _____



Member Vehicle Information, continued

	Yes	No	Unknown
Is this vehicle owned by the member?	<input type="checkbox"/>	<input type="checkbox"/>	
Is this a leased/rented/non-owned vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you making a claim for damage to this vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this vehicle drivable?	<input type="checkbox"/>	<input type="checkbox"/>	
Is this vehicle a 15 passenger van?	<input type="checkbox"/>	<input type="checkbox"/>	
Is this a utility vehicle (mule, yerf dog, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is this vehicle registered?	<input type="checkbox"/>	<input type="checkbox"/>	
Was an on-board video running at the time of the incident? <i>(If yes, please retain until further notice from adjuster.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Were any passengers in this vehicle? <i>(If passenger list is available, please add as attachment when submitting report.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were photos taken? <i>(If yes, please forward photos as attachments when submitting report.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Member Driver Information

Member Driver: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Note: Additional drivers can be added by attaching a list of drivers or including them in the "Additional Incident Information" section on the last page of this form.

Other Driver and Vehicle Information (NOT OWNED BY MEMBER)

Was there another driver and vehicle involved in the accident?

Yes No

Vehicle year: _____ Make: _____ Model: _____

License Plate #: _____

Describe the point of impact and/or the area of damage to this vehicle: _____

Name of Driver: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Location of vehicle: _____

Was the driver injured? Yes No

Social Security Number: _____ Date of Birth: _____



Other Driver and Vehicle Information, continued

Extent/Type of Injury: _____

Were any passengers in this vehicle? Yes No

Bodily Injury

Note: Do not report injuries to District employees on this page.

Does this incident involve Bodily Injury to passengers or pedestrians?

Yes No

If yes, please complete the following sections.

Injured Person Information: (If more than one person is injured, please attach a list to this form.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Social Security Number: _____ Date of Birth: _____

Extent/Type of Injury: _____

Is injured person a student/minor? Yes No

Was the injured person:

In Member vehicle?

In other vehicle?

A Pedestrian?

Property Damage

Property Damage

Note: Please complete this form to report damages to mailboxes, fences, poles, etc.

Does this incident involve Property Damage?

Yes No

Property Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Description of Damaged Property: _____

Witness Information

Was there a witness to the accident?

Yes No

Witness Information

Name of Witness: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Additional Incident Information: _____

Person Completing Report: _____ Date: _____

Email Address: _____

