6641F **Vehicle/Equipment Accident Report Central Kitsap School District Employee** Second Party Date of Birth Date of Birth Bus/Vehicle No. Last four of VIN Driver's License No. Telephone Number Accident Date Time Location (Street, City, State) Address (Street, City, State, Zip) Vehicle Year Make Vehicle Make and Model License Plate Number Model License No. ☐ Injury Involved ☐ Injury Involved Describe: Describe:____ □ Damage Involved □ Damage Involved Describe:____ Describe:____ **Police Involvement** Insurance Company Policy Number Did they take statements? ☐ Yes ☐ No Third Party Date of Birth Police Report Number: _____ **Describe Accident** Driver's License No. Telephone Number Address (Street, City, State, Zip) Vehicle Year Make Model License No. ☐ Injury Involved Describe:_____ **Additional Remarks** □ Damage Involved Describe: Insurance Company Policy Number Weather Conditions **Road Conditions Traffic Conditions** ☐ Clear ☐ Rain ☐ Snow ☐ Fog ☐ Dry ☐ Wet ☐ Snowy ☐ Icy ☐ Light ☐ Moderate ☐ Heavy Reported by:

Date

Date

Signature of Employee

Signature of Supervisor

Vehicle/Equipment Accident Report (Continued)																						
		Nam	ne						Address									Telephone Number				
Witnesses																						
1. Ide terraii in ske	n featu	res as possible pedestrians, or object p								3. Show probable vehicle or bedestrian paths before and lafter collision.					Vehicles:1				2			
										Pedestria						ians:	ns: U					
Sketch of Accident																						
																		Inc	dicate	e Nor	th	
																		By Arrow				
Remarks:																						