

MOTOR VEHICLE ACCIDENT REPORT

SVVSD Employees Only

Instructions: Please fill in all known information and submit this report to the Risk Management Services office within 24 hours of the accident – even if the report is incomplete. If the accident involved injuries/fatality or damage to any vehicle or property exceeded \$1000, you must also complete the State of Colorado Report of Motor Vehicle Accident report within 10 days. Also, at the accident scene, follow instructions printed on the envelope “Motor Vehicle Accident Packet”.

Bus Accidents Only: If the police investigated the accident, involved a personal injury/fatality, or damages exceed \$500, you must also complete the Colorado Department of Education School Bus Accident Report form within 10 days.

Check All That Apply:

- Damage To SVVSD Vehicle
 Damage To SVVSD Property
 Injuries
 Damage To Other Vehicle
 Damage To Private Property

Date And Location Of Accident:
 Date of Accident: _____ Time: _____ A.M. / _____ P.M. Day of Week: _____ # of Vehicles Involved: _____
 Address or Intersection Where Accident Occurred: _____ City or County of Accident: _____

Employee Information Here:
 Employee Driver's Name (first, middle, last): _____ District Department: _____ Date of Birth: _____ Sex: _____ Killed: _____ Injured: _____
 Employee Address (Street, City, ZIP): _____ Driver's License #: _____ State: _____
 District Vehicle #: _____ Make of Vehicle: _____ Model: _____ Year: _____ License Plate #: _____ State: _____
 Describe Damage to District Vehicle or Property: _____ Approximate Amount of Damage \$: _____

Other Persons Information:
 _____ Driver _____ Pedestrian _____ Property Owner _____ Vehicle Owner _____ Bicycle _____ Parked Motor Vehicle _____ Other
 Name (first, middle last): _____ Date of Birth: _____ Sex: _____ Killed: _____ Injured: _____
 Address (Street, City, ZIP): _____ Telephone Number: _____ Driver's License Number: _____ State: _____

Describe Damage to Vehicle or Property: _____

Approximate Amount of Damage \$: _____ Year/Make/Model of Vehicle: _____ License Plate Number: _____ State: _____ Year: _____
 Insurance Carrier: _____ Policy Number: _____ Expiration Date: _____
 Insurance Agent: _____ Phone Number: _____

If more than one other vehicle was involved, please attach additional page(s) and check this box

Law Enforcement Information:
 Police Report #: _____ Agency: _____
 Investigating Officer/Badge#: _____
 Citation Issued To: _____ Violation: _____
 Citation #2 Issued To: _____ Violation: _____

CONTINUED ON BACK

Environ- Weather was: ___Overcast ___Sunny ___Dry ___Rain ___Hail ___Snow ___Fog ___Wind
Mental Light was: ___Daylight ___Night ___Dawn ___Dusk ___Glare ___Streetlight
Conditions Type of pavement: ___Cement ___Blacktop ___Gravel ___Dirt
 Condition of pavement: ___Muddy ___Dry ___Snow ___Rain ___Ice ___Holes/Ruts

Injured ___Passenger Vehicle # _____ Victim Name (first, middle, last) _____ Parent Name _____ Injuries/Treatment _____
Rendered _____
Person #1 ___Pedestrian _____
 Street Address _____ City _____ State _____ ZIP _____ Age _____

Injured ___Passenger Vehicle # _____ Victim Name (first, middle, last) _____ Parent Name _____ Injuries/Treatment Rendered _____
Person #2 ___Pedestrian _____
 Street Address _____ City _____ State _____ ZIP _____ Age _____

If there were more than two accident victims, please attach additional page(s) and check this box

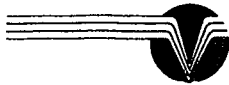
Witness #1 ___Driver ___Pedestrian ___Property Owner ___Vehicle Owner ___Bicycle ___Parked Motor Vehicle ___Other
Information Witness Name (first, middle, last) _____ Phone Numbers: _____ Address (street, city, zip) _____
 Work _____
 Home _____

Witness #2 ___Driver ___Pedestrian ___Property Owner ___Vehicle Owner ___Bicycle ___Parked Motor Vehicle ___Other
Information Witness Name (first, middle, last) _____ Phone Numbers: _____ Address (street, city, zip) _____
 Work _____
 Home _____

Describe what happened (Explain what caused the accident: attach extra page if you need more space. Also, please complete the Accident Investigation Diagram: form RM-6)

Other Information

Signatures Person Completing Report _____ Date _____
 Supervisor _____ Date _____
 Risk Management _____ Date _____



St. Vrain Valley Schools
395 South Pratt Parkway

Accident Investigation Diagram

--	--	--	--	--

Case Number (Risk Mgmt. use)

V-1 is: _____
 V-2 is: _____
 V-3 is: _____
 Other(s): _____

Owner: ST. VRAIN VALLEY SCHOOL DISTRICT (RE-1J)
 Owner: _____
 Owner: _____
 Owner(s): _____

DIAGRAM - NOT TO SCALE

Draw Arrow to North



Traffic Signal



Stop



Speed



Yield



No Turn



Slow



R/R

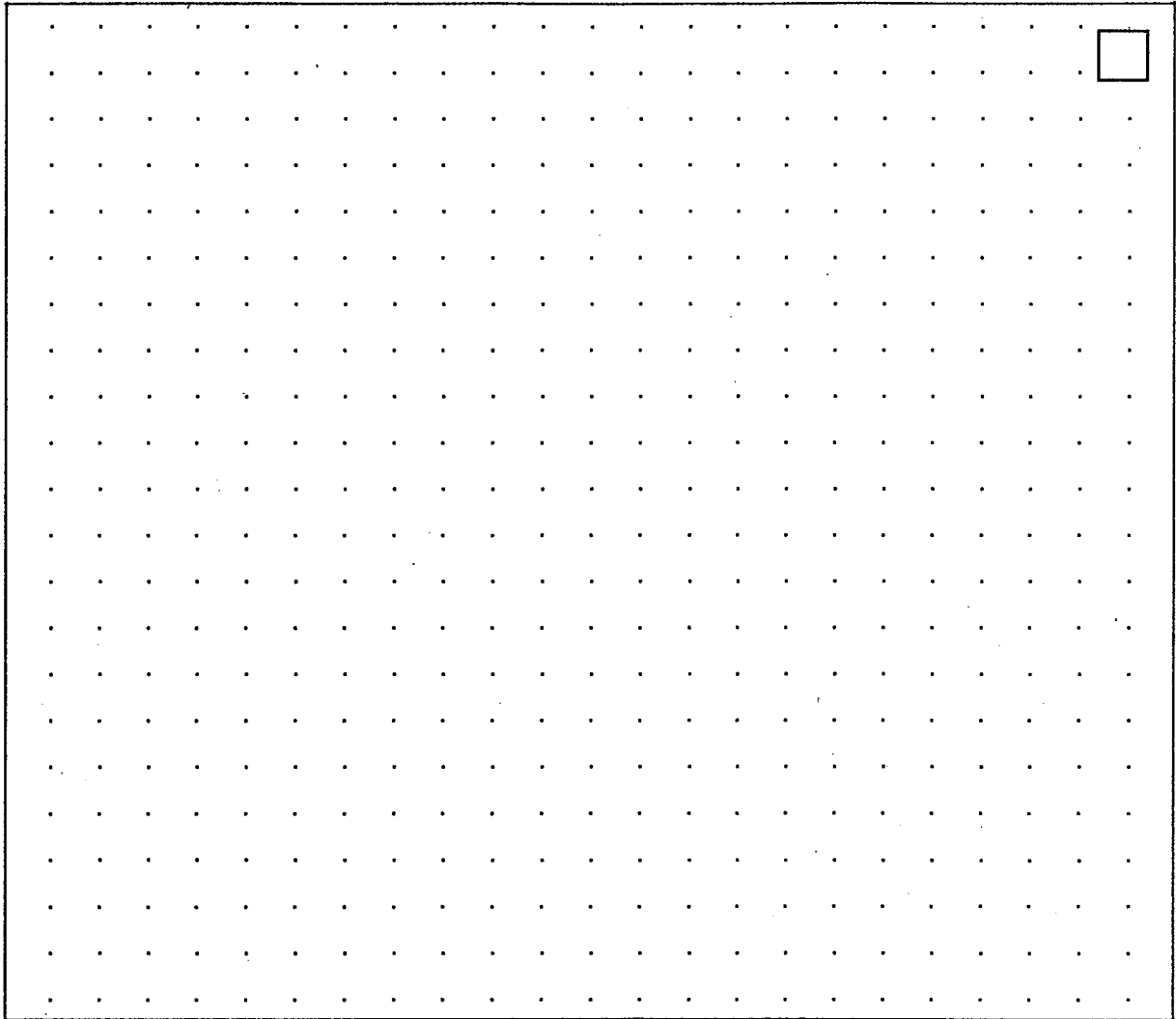
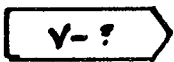


Impact Point

Travel/ Direction



Vehicle



Diagrammed by: _____

Date: ___ / ___ / ___

Distribution:

White & Canary - Risk Management

(Canary - Claims Adjustor)

Pink - Department Copy

RM - 6 (Rev. 9-87)

