



# Memphis Shelby County Schools Auto Accident Report Form

In the event that an auto accident has occurred while operating a **DISTRICT VEHICLE**, this form should be completed and uploaded to the Risk Management Reporting System, by selecting the Auto Link, within 24 hours.

**TAKE PHOTOS OF ALL DAMAGE TO THE DISTRICT VEHICLE AND/OR OTHER VEHICLES OR PROPERTY INVOLVED.**

Accident reports should be as detailed as possible. If the employee is injured due to the accident, then please follow OJI Policy #4014 and file the OJI separately.

Employee Driver Name: \_\_\_\_\_ Employee Driver's Phone #: \_\_\_\_\_

Location Where Accident Occurred: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Vehicle Make/Model/Year: \_\_\_\_\_ License Plate: \_\_\_\_\_

Mileage: \_\_\_\_\_ District Vehicle Number: \_\_\_\_\_ VIN: \_\_\_\_\_

Employee Driver's License (take photo): \_\_\_\_\_ Employee DoB: \_\_\_\_\_

Drug Test: (Y) or (N)

Was the District Vehicle towed? (Y) or (N) Towing service name: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Police Report #:** \_\_\_\_\_

Passengers in the District Vehicle: (Yes or No) \_\_\_\_\_ How many passengers? \_\_\_\_\_

Passenger Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Witness Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Driver's Information (Name/Driver's License/Phone #): \_\_\_\_\_

\_\_\_\_\_

Other Driver's Insurance Information (take photo of insurance card): \_\_\_\_\_

\_\_\_\_\_

Employee Driver's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_