



HOLY FAMILY ROMAN CATHOLIC  
SEPARATE SCHOOL DIVISION NO. 140

**8042 APPENDIX 1**  
**ACCIDENT REPORT**

File # \_\_\_\_\_ Accident Date: \_\_\_\_\_ Report Date: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Plate: \_\_\_\_\_

Location of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Est. Damage: \_\_\_\_\_

At Fault: Y / N

Tow: Y / N

Ambulance: Y / N

Fatality: Y / N

Injury: Y / N

Property: Y / N

Police: Y / N

**3rd Party Information**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Plate: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Driver Licence: \_\_\_\_\_

**Police Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Badge #: \_\_\_\_\_ Phone: \_\_\_\_\_ Citation Issued: Y / N

Claim: \_\_\_\_\_

**Adjuster Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Witnesses Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Attach a separate sheet for accident description. Include photos of vehicles, damages, and accident scene (if available).**

<b>Driver:</b>		
_____	_____	_____
Name (print)	Signature	Date Reviewed
<b>Supervisor:</b>		
_____	_____	_____
Name (print)	Signature	Date Reviewed