

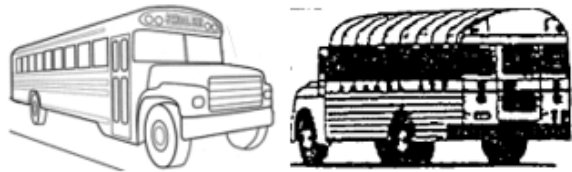
Motor Vehicle Incident Report

Driver: 1. Complete both sides of form immediately after incident. 2. Hand in to Operations Office (Secretary or Dispatch) within 24 hours		Operations office	
		Garage	
		Transportation Coordinator	
		Managers	
		Director	
Registered Owner: Board of Education SD No. 8 Kootenay Lake	Unit #:	Date & Time of Incident:	
Contact: Lisa Phillips, Manager of Operations	Email: lisa.phillips@sd8.bc.ca	Phone: Nelson: 250-354-4871 Creston: 250-428-5329	
Driver Name:	Driver License:		
Address:	Phone:		
	Email:		
Vehicle Plate:	If NOT drivable, indicate current location:		
Damage:	Shop Name/Location:		
Passenger(s):	Passenger phone/email:		
Other Parties Involved (if more than 1 other party involved, please attach supplement with info)			
Registered Owner:		Phone:	
Driver:		Driver Licence:	
Address:		Phone:	
		Email:	
License Plate:	Province/State:	Policy/Claim#:	
Insurance Company:		Phone:	
Damage:		Police Report #:	
Witness:		Phone:	

Driver: Complete reverse side of this form with accident details

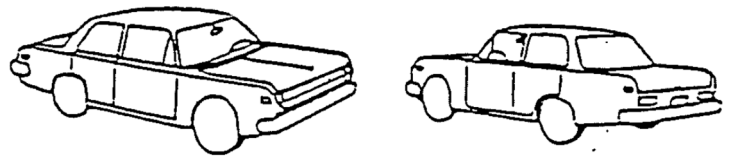
Accident Description

Incident
Location:



Direction of Travel:

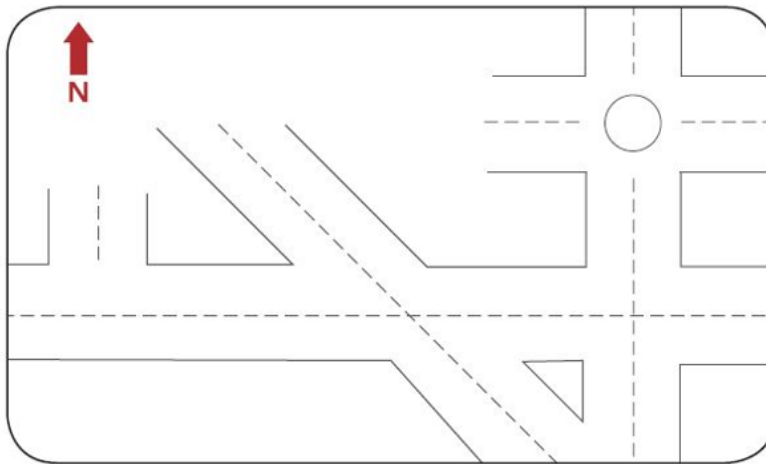
N E W S P



Direction of Travel:

N E W S P

Use the drawing below to tell us what happened:



- If diagram is insufficient, please draw your own on a separate page and submit with report.
- Please attach any additional documents (police reports, scene or damage photos, statements)

Completed by: _____ Date: _____

Sign

Print Name