

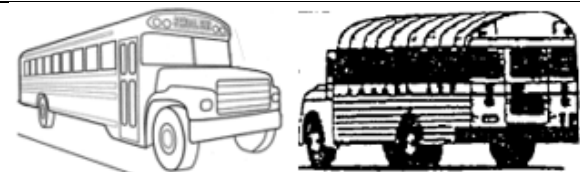
## Motor Vehicle Incident Report

<b>Driver:</b> 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		
		West-Director/East-Manager		
Registered Owner: Board of Education SD No. 8 Kootenay Lake	Unit #:	Date of Report:		
Contact: Janet Wall, Manager of Operations	Email: janet.wall@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:		
<b>Other Parties Involved (if more than 1 other part involved, please attach supplement with info)</b>				
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**

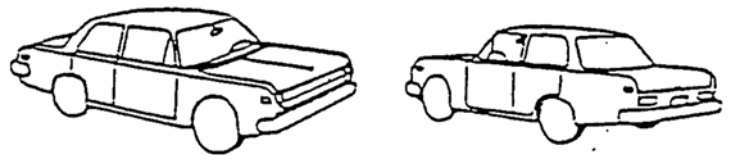
# Accident Description

Date & Time of Accident:



Direction of Travel:

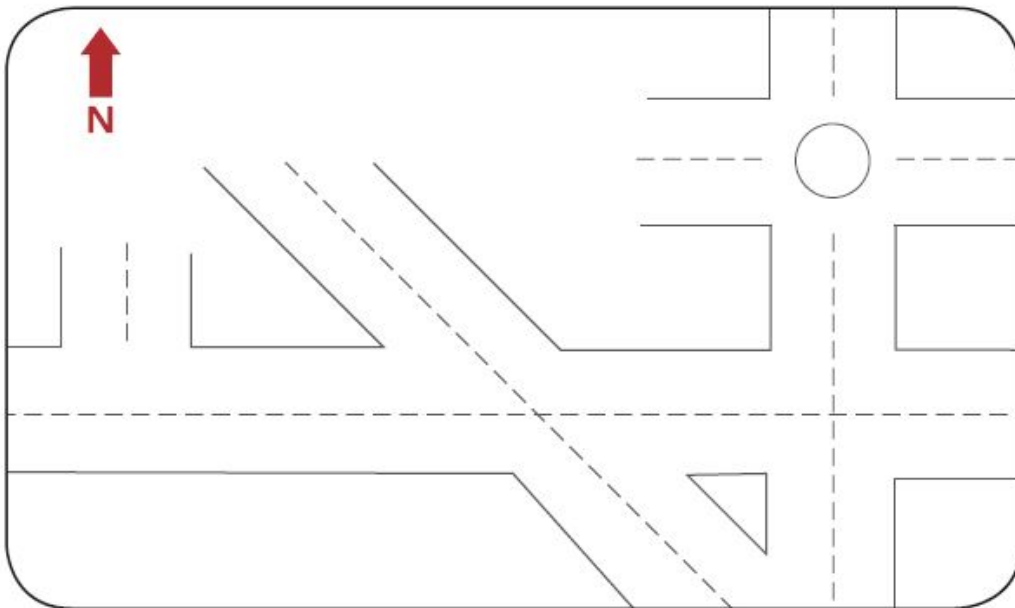
N E W S P



Direction of Travel:

N E W S P

Use diagram 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