

Motor Vehicle Incident Report

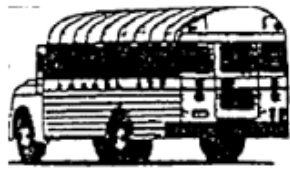
Driver: 1. Complete both sides of form immediately after incident. 2. Hand in to Operations Office (Secretary or Dispatch) within 24 hours		Operations office		
		Garage		
		Transportation Coordinator		
		West-Director/East-Manager		
Registered Owner: Board of Education SD No. 8 Kootenay Lake	Unit #:	Date & Time of Incident:		
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:		
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

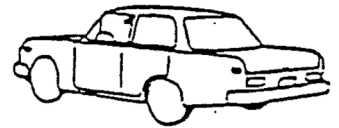
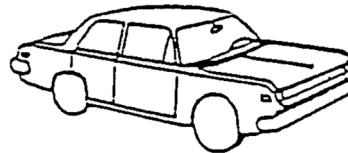
Incident Location:

Blank area for describing the incident location.



Direction of Travel:

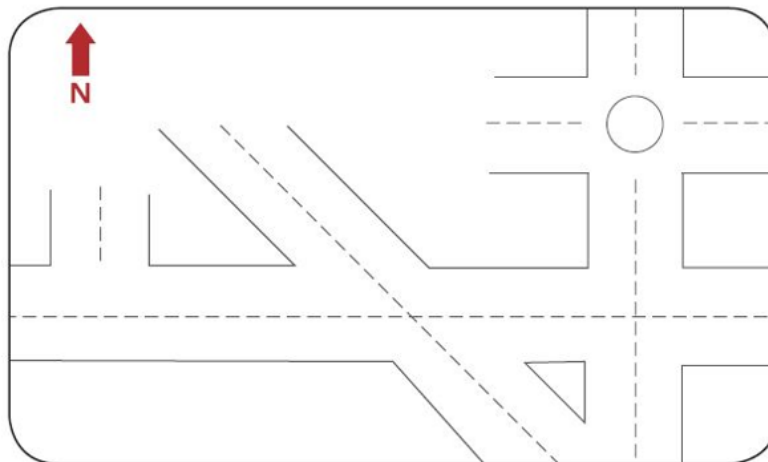
N E W S P



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

Follow up comments:

Blank area for follow-up comments.