East Central Catholic Schools

East Central Alberta Catholic Schools
Accident Reporting Form

DATE OF LOSS: _____ **SCHOOL BOARD:** _____

INSURED OWNER:

Name: _____
Address: _____
_____
_____
Phone: _____
Fax: _____
Person to Contact – where/when: _____
_____
☐ School Owned Vehicle ☐ CBO

INSURED DRIVER:

Name: _____
Address: _____
_____
_____
Res. Phone: _____
Bus. Phone: _____
Drivers License #: _____
Person to Contact – where/when:
_____

INSURED VEHICLE

Year/Make/Model: _____
V.I.N. (Serial No.): _____

THIRD PARTY OWNER

Name: _____
Address: _____
_____
_____
Res. Phone: _____
Bus. Phone: _____
Insurance Company: _____
Policy Number: _____

THIRD PARTY DRIVER

Name: _____
Address: _____
_____
_____
Res. Phone: _____
Bus. Phone: _____
Drivers License #: _____
Vehicle --- Year/Make/Model: _____
V.I.N. (Serial No.):

WITNESS #1

Name: _____
Address: _____
_____
_____
Res. Phone: _____
Bus. Phone: _____

WITNESS #2

Name: _____
Address: _____
_____
_____
Res. Phone: _____
Bus. Phone: _____

INJURIES

Name: _____
Address: _____ Phone: _____
Type of Injuries: _____

LOSS DETAILS

Location of Accident: _____

Details of Accident: _____

_____

_____

_____

Location of Vehicle: _____

☐ Vehicle is Drivable ☐ Vehicle is not Drivable

Repair Facility Referred to: _____

Rental Facility Referred to: _____

Towing Company Referred to: _____

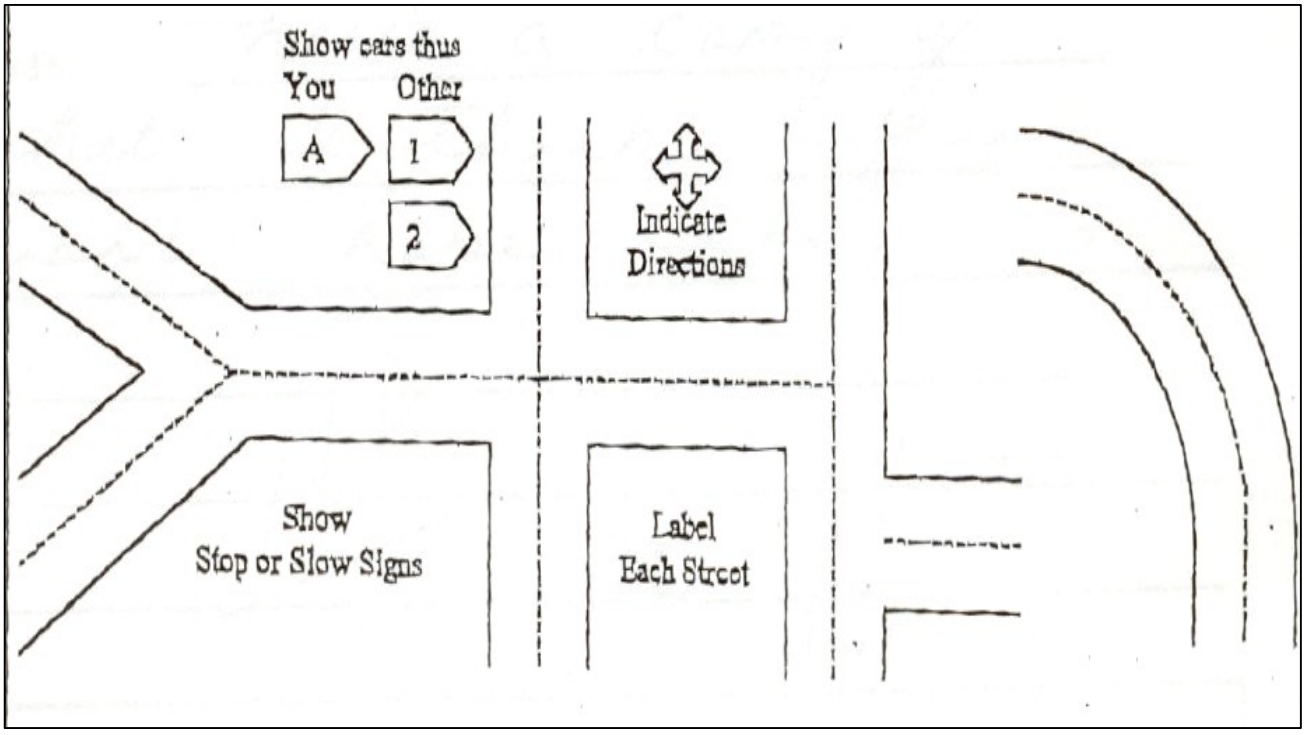
POLICE / FIRE DEPT TO WHOM REPORTED:

Location: _____ Division: _____

Report No.: _____ P.C.: _____

Phone: _____ Badge No.: _____

Illustrate position of cars at time of collision. Show skid marks.
If any street is more than two-lane or is one way only, please indicate.



Reported By: _____

Taken By: _____

Date: _____

Time: _____