



**Cumberland County Public Schools**

**Vehicle Accident Report/Damage Report**

**This form is to be completed by Department Head, Site Principal or School Administrator when reporting vehicle accidents or damages immediately after the incident has occurred. This completed form should be faxed to Risk Management Services at 910-678-2485. Note: All acts of vandalism and/ or theft should be reported directly to local law enforcement and to CCS Security.**

**Report Completed by: \_\_\_\_\_ Date of Report: \_\_\_\_\_**

**Location of Accident: \_\_\_\_\_  
(City/Street or Intersection/Building Site)**

**CCS Vehicle and Contact Information (Vehicle 1)**

**CCS Vehicle Driver: \_\_\_\_\_ Date/Time of Accident: \_\_\_\_\_  
(First & Last Name)**

**Date of Birth \_\_\_\_\_ CCS Vehicle# \_\_\_\_\_ Drivers License# \_\_\_\_\_**

**Department: \_\_\_\_\_ Job Title: \_\_\_\_\_**

**Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_**

**Home Address: \_\_\_\_\_**

**Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_**

**License Plate#: \_\_\_\_\_ V.I.N. \_\_\_\_\_**

**Vehicle Contact Information (Vehicle 2 or other)**

**Owner's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First and Last Name)**

**Home Address: \_\_\_\_\_**

**Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_**

**Drivers License # \_\_\_\_\_ License Plate #: \_\_\_\_\_**

**Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_**

\_\_\_\_\_

**Model: \_\_\_\_\_**

**V.I.N. \_\_\_\_\_ Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_**

**Vehicle Property Damage**

**(Please Print)**

**Location of Vehicle: \_\_\_\_\_**

**(Where Vehicle Can Be Seen)**

**Describe Vehicle Property Damage: (In Detail)**

\_\_\_\_\_

\_\_\_\_\_

**(If more space is required, please attach additional sheet)**

**At Fault**

**County Vehicle:**

**Other Vehicle:**

**Description and Cause of Accident: \_\_\_\_\_**

**Charges (Attach copies of law enforcement reports, exchanges slips, etc.):**

\_\_\_\_\_

**Injuries: \_\_\_\_\_**

**Witness or Passengers (If Required)**

Name (First & Last)	Address	Phone Number

**Injured (If Required)**

Name (First & Last)	Address	Phone Number

**Investigating Officer:** \_\_\_\_\_ **Telephone#:** \_\_\_\_\_

**Investigating Officer's Department:** \_\_\_\_\_

**Name of Person Filing Report and Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Telephone#:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Type of Loss**

**Check All That Apply**

Collision with Vehicle Ahead: <input type="checkbox"/>	Other Vehicle Hit CCS: <input type="checkbox"/>
Collision with Vehicle Behind: <input type="checkbox"/>	Glass Broken by Object: <input type="checkbox"/>
Intersection Collision: <input type="checkbox"/>	Hit By Object: <input type="checkbox"/>
Sideswipe: <input type="checkbox"/>	Pedestrians Involved: <input type="checkbox"/>
Hit Other Vehicle: <input type="checkbox"/>	Bodily Injury: <input type="checkbox"/>
Hit Object: <input type="checkbox"/>	

- 1.) Immediate Supervisor and Risk Manager should be notified immediately. 910-678-2591
- 2.) Completed form should be filed with the Risk Manager within three days.