

Richmond Public Schools
Vehicle Accident Report

Date of Accident: (mm/dd/yyyy) Time of Accident: (hh:mm: am/pm)
Location: Date Submitted: (mm/dd/yyyy)

School Board Vehicle

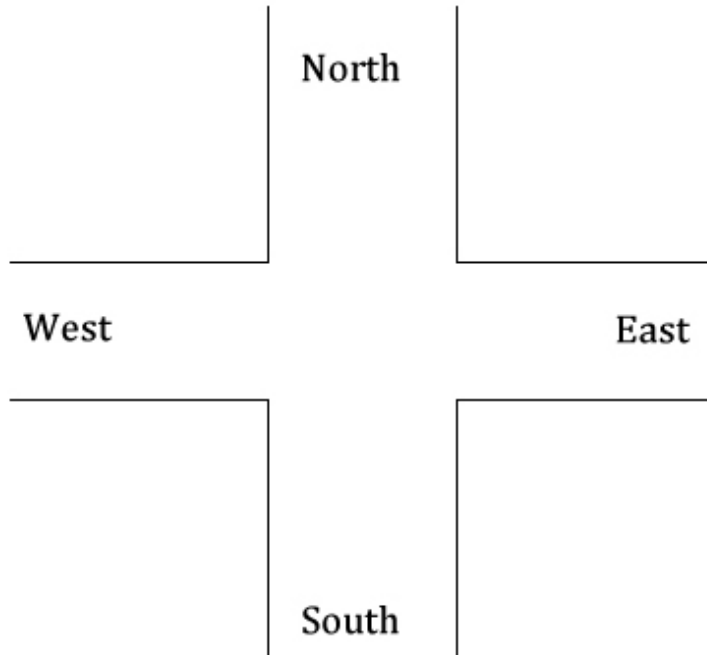
Name of Driver: Date of Birth:
Drivers Address: Driver's License #:
Vehicle Shop #: Vehicle License #:
Estimated Damages \$ Describe Damage:

Other Vehicle

Name of Driver: Driver's License #:
Driver's Address:
Driver's Phone #: Driver's Work Phone #:
Owner's Name /Address:
Estimated Damage \$ Describe Damage:
Vehicle Make: Model: Year:
License#: Insurance Company/Agency:
Investigating Police Officer: Unit #:
Violations/Citations:
Witnesses: Name Address Phone Number

Describe what happened:

Diagram of Incident:



Driver's Signature: _____

Supervisor's Signature: _____