

**Comanche ISD**  
**1414 North Austin, Comanche, TX 76442**

Vehicle Accident Claims Report

**Accident #** \_\_\_\_\_ **Time of Accident** \_\_\_\_\_  
Date & Day of Accident \_\_\_\_\_ Accident Location \_\_\_\_\_  
Police Notified? \_\_\_\_\_ Officer Name \_\_\_\_\_ ID # \_\_\_\_\_ Report # \_\_\_\_\_

**Accident Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**District Information: (Your vehicle & driver)**

Bus / Vehicle # \_\_\_\_\_ Dept # \_\_\_\_\_ Year \_\_\_\_\_ Make/Type \_\_\_\_\_ Plate # \_\_\_\_\_  
Vehicle VIN # \_\_\_\_\_ Damage \_\_\_\_\_  
Witnesses \_\_\_\_\_

Driver's Name \_\_\_\_\_ Emp # \_\_\_\_\_ Seat Belt Used? \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ DOB \_\_\_\_\_ D.L. # \_\_\_\_\_  
Injuries / Explain: \_\_\_\_\_

**Claimant Information: (other vehicle)**

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_  
Driver's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ DOB \_\_\_\_\_ D.L. # \_\_\_\_\_  
Injuries / Explain: \_\_\_\_\_

**Vehicle No 2 (if applicable)**

Model Year \_\_\_\_\_ Vehicle Make / Type \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_  
Describe Damage: \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Claimant Information: (other driver)**

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_  
Driver's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ DOB \_\_\_\_\_ D.L. # \_\_\_\_\_  
Injuries / Explain: \_\_\_\_\_

**Vehicle No 3 (if applicable)**

Model Year \_\_\_\_\_ Vehicle Make / Type \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_  
Describe Damage: \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Damage To Property Other Than Vehicles:**

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Object \_\_\_\_\_

Safety Tech Remarks: \_\_\_\_\_

Directors Comments: \_\_\_\_\_