

VEHICLE CRASH REPORT

Page 1

Complete immediately and send to Training and Safety for processing.

Policy Holder	DISTRICT SCHOOL OF PASCO COUNTY 7227 LAND O' LAKES BOULEVARD LAND O' LAKES, FLORIDA 34639	Service Agent	CCMSI PO Box 948399 Mait land, FL 32751
DEPARTMENT: _____		Phone: _____	
Address _____			
D R I V E R	Name _____		DOB _____ Sex _____
	Address _____		Phone _____
	City/State/Zip _____		DL# _____
D A T A	Date _____ Day _____ Time _____	V E H	Use of vehicle: <input type="radio"/> Field Trip
	EXACT location: _____		<input type="radio"/> Reg Route
	_____		<input type="radio"/> Other Alpha _____
S T A T E M E N T	Driver description of crash in detail: _____		Passenger # _____ Injury # _____
			Est. Repair Cost: _____
O T H E R V E H	DRIVER (name/address) _____		Phone _____
	Owner (if diff: name/address) _____		Phone _____
	TAG # _____ Make/Model _____		1st pt of impact: _____
	Insurance (carrier/address) _____		Phone _____ Est. Repair Cost: _____
	Describe Damage _____		Passenger # _____ Injury # _____
P R O P E R T Y	Owner (name/address) _____		Phone _____
	Type of Property _____		Est. Repair Cost: _____
	Describe Damage _____		Blue form given? <input type="checkbox"/> Injury? _____
L A W	Law Enforcement called? _____ Investigation _____		Arrest(s) Made Charges filed? _____
	Agency called _____		FHP Report # _____
S T A T S	Years experience driving for School Board _____		Date report filed _____
	Crashes in the last three years (at fault) _____		Driver's Signature _____
	Did driver receive a pre-service training course? _____		Supervisor _____
	Did driver receive a inservice course in last 12 months? _____		Supervisor's Signature _____
	Safety belt in use? _____		Position _____
	Has driver received additional training? _____		
D O E C O D E	1. Type of event <input type="checkbox"/>	6. Condition of road <input type="checkbox"/>	N W S
	2. Type of roadway <input type="checkbox"/>	7. First point of impact <input type="checkbox"/>	
	3. Light condition <input type="checkbox"/>	8. Injury Severity <input type="checkbox"/>	
	4. Road Description <input type="checkbox"/>	9. Vehicle Movement <input type="checkbox"/>	
	5. Weather <input type="checkbox"/>	10. Manner of collision <input type="checkbox"/>	

VEHICLE CRASH REPORT Page 2 Complete immediately and send to Training and Safety for processing.

		Injury 1	Injury 2	Injury 3
I N J U R Y	Name	_____	_____	_____
	Addr	_____	_____	_____
	City State Zip	_____	_____	_____
	DOB	_____	_____	_____
	Phone	_____	_____	_____
	Where taken	_____	_____	_____
Injury extent	<input type="radio"/> 1 None <input type="radio"/> 3 Non-incapicating <input type="radio"/> 2 Possible <input type="radio"/> 4 Incapacitating	<input type="radio"/> 1 None <input type="radio"/> 3 Non-incapicating <input type="radio"/> 2 Possible <input type="radio"/> 4 Incapacitating	<input type="radio"/> 1 None <input type="radio"/> 3 Non-incapicating <input type="radio"/> 2 Possible <input type="radio"/> 4 Incapacitating	
Vehicle/Ped	<input type="radio"/> District <input type="radio"/> Other <input type="radio"/> Ped	<input type="radio"/> District <input type="radio"/> Other <input type="radio"/> Ped	<input type="radio"/> District <input type="radio"/> Other <input type="radio"/> Ped	
W I T N E S S	Name	_____	_____	_____
	Address	_____	_____	_____
	City State Zip	_____	_____	_____
	Phone	_____	_____	_____
		_____	_____	_____

T H I R D V E H I C L E
 DRIVER (name/address) _____ Phone _____
 Owner (if diff: name/address) _____ Phone _____
 TAG # _____ Make/Model _____ 1st pt of impact: _____
 Insurance (carrier/address) _____ Phone _____ Est. Repair Cost: _____
 Describe Damage _____ Passenger # _____ Injury # _____

F O U R T H V E H I C L E
 DRIVER (name/address) _____ Phone _____
 Owner (if diff: name/addr) _____ Phone _____
 TAG # _____ Make/Model _____ 1st pt of impact: _____
 Insurance (carrier/address) _____ Phone _____ Est. Repair Cost: _____
 Describe Damage _____ Passenger # _____ Injury # _____

Submit Form

USE THE NUMERICAL CODES BELOW TO ANSWER QUESTIONS ONE THRU NINE IN THE APPROPRIATE SECTION OF THE VEHICLE ACCIDENT REPORT FORM.

TAKE THE COMPLETED FORM TO YOUR SUPERVISOR
AS SOON AS POSSIBLE FOR TRANSFER TO THE APPROPRIATE
THREE PART FORM

VEHICLE ACCIDENT REPORT CODE SHEET

1. Type of Accident

- 01 Non-collision
- 02 Railroad train
- 03 Pedestrian
- 04 Fixed object
- 05 Between motor vehicles
- 06 Other collision (animal,
animal drawn cart, etc.)
- 07 Pedal cycle

2. Type of Roadway

- 01 2 Lane road
- 02 Intersection
- 03 Unpaved road
- 04 Private property
- 05 4 or More lane road
- 06 Railroad crossing
- 07 School ground

3. Directional Analysis

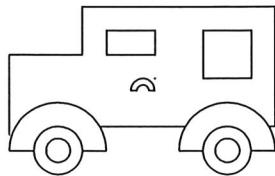
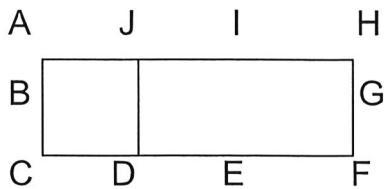
- 01 Loading or unloading
- 02 Stopped at intersection or in traffic
- 03 Changing lanes
- 04 Turning left
- 05 Moving straight ahead
- 06 Stopped at railroad
- 07 Backing
- 08 Turning right
- 09 Parked

4. Manner or Collision between

Vehicles or Objects

- 01 Angle
- 02 Head-on
- 03 Rear-end
- 04 Other

5. First Point of Impact



**6. Contributing Circumstances as
Noted on Investigating Officers
Report as Pertaining to the Vehicle**

- 01 Over posted speed limit
- 02 Passed stop sign
- 03 Failed to yield
- 04 Improper lane change
- 05 Improper parking
- 06 Improper passing
- 07 Defective road surface
- 08 Defective equipment
- 09 View obstructed by object
- 10 Other
- 11 Over safe speed
- 12 Disregard traffic signal
- 13 Drove to left of center
- 14 Followed too closely
- 15 Improper turn
- 16 Improper stop in roadway
- 17 Careless driving

7. Condition of Road

- 01 Dry
- 02 Icy
- 03 Slippery
- 04 Under repair
- 05 Holes or ruts
- 06 Other

8. Light Conditions

- 01 Dawn
- 02 Daylight
- 03 Dusk
- 04 Dark, artificially illuminated
- 05 Dark, not artificially illuminated

9. Weather Conditions

- 01 Clear
- 02 Fog
- 03 Other
- 04 Dust
- 05 Raining
- 06 Smog, smoke



Pasco County Schools
Insurance Information

This information should be kept with the vehicle

CCMSI
PO BOX 948399
Maitland, FL 32794-8399

Phone: 407-660-5600
Fax: 217-477-6946

Policy#: CA6675655
Policy Period: 7/1/23 – 7/1/24