



AUTO INCIDENT REPORT

The Auto Incident Report form should be completed in its entirety for all accidents involving the collision of the insured vehicle with another vehicle or object.

MEMBER	DISTRICT NAME _____		
	DRIVER _____		PHONE _____
	YEAR/MAKE/MODEL _____		VEHICLE IDENTIFICATION NUMBER (VIN) _____
	DAMAGE _____		
	WHERE CAN VEHICLE BE SEEN _____		

ACCIDENT	DATE _____		<input type="radio"/> A.M. <input type="radio"/> P.M.	LOCATION _____
	ADDRESS _____		PHONE _____	
	Description of accident: _____ _____			
	Was car parked and unattended? <input type="radio"/> YES <input type="radio"/> NO Reported to police? <input type="radio"/> YES <input type="radio"/> NO To whom? _____			
	Report number: _____ Citation issued? <input type="radio"/> YES <input type="radio"/> NO If yes, to whom? _____			

OTHER PARTY	OWNER _____		HOME PHONE _____	WORK PHONE _____
	ADDRESS _____			
	DRIVER _____		HOME PHONE _____	WORK PHONE _____
	ADDRESS _____			
	YEAR/MAKE/MODEL _____		VEHICLE IDENTIFICATION NUMBER (VIN) _____	
	DAMAGE _____			

INJURED	NAME _____		HOME PHONE _____	WORK PHONE _____
	ADDRESS _____			
	Nature of injury: _____			
	Check one: <input type="radio"/> INSURED VEHICLE <input type="radio"/> CLAIMANT VEHICLE <input type="radio"/> PEDESTRIAN			
	Taken by ambulance? <input type="radio"/> YES <input type="radio"/> NO Where? _____			

WITNESS	NAME _____		HOME PHONE _____	WORK PHONE _____
	ADDRESS _____			
	NAME _____		HOME PHONE _____	WORK PHONE _____
	ADDRESS _____			

REPORT PREPARED BY: _____	TITLE _____
PHONE _____	DATE _____



AUTO INCIDENT REPORT


Complete this diagram only if accident occurs on private property (ex. parking lot, school property).

Indicate on diagram what happened.

1. Draw heavy lines to show streets
2. Name streets
3. Draw arrow pointing north
4. Show vehicles and pedestrians thus:

Vehicles



Pedestrians 

5. Show angle of collision



WHAT TO DO IN CASE OF AN ACCIDENT

Complete both pages of this report at the scene of the accident and submit it to your school business or transportation office. In case of a severe accident, telephone your office at once.

NOTE: When submitting an Auto Incident Report, include a police report and 2 estimates of damage.

Should you have any questions, please contact your Property/Casualty Claim Department at 800-292-5421.

WHAT TO DO IN THE EVENT OF AN ACCIDENT

- Secure vehicle and passenger(s)
- Notify proper authorities (i.e. police and fire departments if necessary)
- Notify appropriate district personnel
- Do not admit fault/liability
- Take photos of accident scene
- Create a list of passengers in the vehicle and submit with claim at the time of accident

AUTOMOBILE LIABILITY

Any claim involving bodily injury should be reported to the Pool as soon as possible.

Contact: PC Claim Representative
 Phone: (800) 292-5421 ext. 611 or (517) 816-1611
 Fax: (517) 482-0800
 Email: pcclaims@setseg.org
 Mail: MASB-SEG Property/Casualty Pool, 415 W. Kalamazoo St., Lansing, MI 48933