

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 IDENTIFICATIO	N NUMBER (VIN)
	DAMAGE				
	DAMAGE				
	WHERE CAN VEHICLE BE SEEN				
ACCIDENT			2		
	DATE	TIME	O A.M. O P.M.	LOCATION	
	ADDRESS			PHONE	
	Description of accident:				
	Was car parked and unattended? O YES O NO Reported to police? O YES O NO To whom?				
	Report number:		Citation issued? O YES	O NO If yes, to whon	n?
OTHER PARTY	OWAJER			LIGHT BLONE	WORK BUONE
	OWNER			HOME PHONE	WORK PHONE
	ADDRESS				
	DRIVER			HOME PHONE	WORK PHONE
	DRIVER			HOME PHONE	WORK PHONE
	ADDRESS				
	YEAR/MAKE/MODEL			VEHICLE IDENTIFICATIO	NI NI IMBER (VINI)
	TEANT MAKE/TIODEE			VEHICLE IDENTIFICATIO	TYTYOT ISER (VIIV)
	DAMAGE				
JRED					
	NAME			HOME PHONE	WORK PHONE
	ADDRESS				
N N	Nature of injury:				
_	Check one: O INSURED VEHICLE O CLAIMANT VEHICLE O PEDESTRIAN				
	Taken by ambulance? O YES O NO Where?				
WITNESS					
	NAME			HOME PHONE	WORK PHONE
	I V/N IL			LIOTIL FROME	THOMA FROME
	ADDRESS				
	NAME			HOME PHONE	WORK PHONE
	IVUL			TIOTIETTIONE	TOTALLIONE
	ADDRESS				
		REPORT PREPARI	ED BY:		TITLE

Rev. 3/21/17



AUTO INCIDENT REPORT

School Insurance Specialists

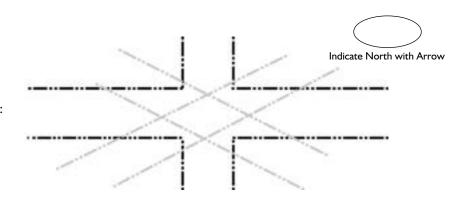
Complete this diagram only if accident occurs on private property (ex. parking lot, school property).

Indicate on diagram what happened.

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



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. 669 or ext. 623

Fax: (517) 482-0800

Email: pcclaims@setseg.org

Mail: MASB-SEG Property/Casualty Pool, 415 W. Kalamazoo St., Lansing, MI 48933