



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 _____	TIME _____ <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 CCMSI PC Claims Team at (866) 204-0808 or (517) 347-2331 or email pcclaims@ccmsi.com

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: CCMSI PC Claims Team
 Phone: (866) 204-0808 or (517) 347-2331
 Fax: (517) 349-1835
 Email: pcclaims@ccmsi.com
 Mail: CCMSI | 2455 Woodlake Circle | Okemos, MI 48864