



Dougherty County School System
Vehicle Accident or Incident Report Form

Ins. Policy number:	Date:	Approximate Time:
Location:		
Reporting Police Department:	Case #:	
Reporting Police Officer's Name:	Police Dept Ph#:	
County Vehicle Involved (Vehicle A):	#of Students on Board:	
Name of Driver (DCSS Employee):	Home Phone #:	
DCSS Transportation Dept... Main line	Phone #:	
DCSS Transportation Supervisor:	Office Phone #:	

Description of Accident or Incident

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Vehicle B

Year:	Make:	Model:
VIN #:	Tag #:	
Driver's Name:	Driver's Phone #:	
Owner's Name:	Owner's Phone #:	
Owner's Address:		
Insurance Co.:	Policy #:	
Insurance Agency:	Agency Phone #:	

Vehicle C

Year:	Make:	Model:
VIN #:	Tag #:	
Driver's Name:	Driver's Phone #:	
Owner's Name:	Owner's Phone #:	
Owner's Address:		
Insurance Co.:	Policy #:	
Insurance Agency:	Agency Phone #:	