

# **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			-
ACCIDENT	WHERE CAN VEHICLE BE SEEN			-
	A.M. P.M.			•
	DATE TIME	LOCATION		-
	ADDRESS	PHONE		-
	Description of accident:			-
	Was car parked and unattended? YES NO Reported to police? YES	Duo Taurkam?		-
	Report number: Citation issued?YES			
				-
	OWNER	HOME PHONE	WORK PHONE	-
OTHER PARTY	ADDRESS			-
	DRIVER	HOME PHONE	WORK PHONE	-
				_
	ADDRESS			_
	YEAR/MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)		
	DAMAGE			
	1111	HOMERIONE	WORK BLIONE	_
INJURED	NAME	HOME PHONE	WORK PHONE	_
	ADDRESS			
	Nature of injury:  Check one:  INSURED VEHICLE  CLAIMANT VEHICLE  PEDESTRIAN			-
	Taken by ambulance? YES NO Where?			_
WITNESS				•
	NAME	HOME PHONE	WORK PHONE	-
	ADDRESS			-
	NAME	HOME PHONE	WORK PHONE	-
	ADDRESS			-
				•
	REPORT PREPARED BY:	Т	TITLE	-
	PHONE	D	DATE	- Rev. 1/5/16



# **AUTO INCIDENT REPORT**

School Insurance Specialists

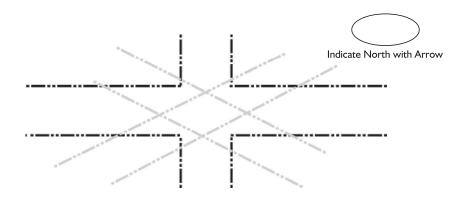
Complete this diagram only if accident occurs on private property (ex. parking lot, school property).

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. 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