

DCCCD MOTOR VEHICLE ACCIDENT REPORT

WHEN:

Date		Time	
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WHO:

Your Name		Driver's License #	
Address		Insurance Carrier	
City, State, Zip		Effective Dates	
Phone #		Policy #	

Other Driver # 1		Driver's License #	
Address		Insurance Carrier	
City, State, Zip		Effective Dates	
Phone #		Policy #	

Was anyone injured?	(circle one)	YES	NO
List all injured persons			
Nature of injuries			
Nature of treatment			

WHAT:

YOUR VEHICLE

Make		Model	
Year		Color	
License Plate #		Registered Owner	

Describe damage to your vehicle: _____

OTHER VEHICLE #1 (If additional vehicles were involved use the back of this form.)

Make		Model	
Year		Color	
License Plate #		Registered Owner	

Describe damage to this vehicle: _____

Was any property damaged other than vehicles? (Circle one) **YES** **NO**

Describe property damage: _____

WHERE:

Street (include nearest address, crossroad or mile marker)	
City, State	
Type of intersection or roadway	

HOW:

Provide a narrative of how the event occurred: _____

Preparer's signature _____ Date of Report _____

ADDITIONAL DRIVER AND VEHICLE INFORMATION

Other Driver # 2		Driver's License #	
Address		Insurance Carrier	
City, State, Zip		Effective Dates	
Phone #		Policy #	

OTHER VEHICLE #2

Make		Model	
Year		Color	
License Plate #		Registered Owner	

Describe damage to this vehicle: _____

Other Driver # 3		Driver's License #	
Address		Insurance Carrier	
City, State, Zip		Effective Dates	
Phone #		Policy #	

OTHER VEHICLE #3

Make		Model	
Year		Color	
License Plate #		Registered Owner	

Describe damage to this vehicle: _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY

1. This report should be prepared and signed by the driver; however, if the driver is unable to prepare the report, the report may be submitted by another with reason given why the driver could not complete the report.
2. **Print all information clearly.** Include sufficient information in the "WHEN" and "WHERE" sections so the exact time and location of the accident can be determined.
3. If the collision occurred with an object, pedestrian or vehicle other than a passenger motor vehicle include that information in the "Other Vehicle #1" section or narrative space.
4. In the narrative space note any unusual conditions, items or weather that may have contributed to the accident.
5. The narrative description should contain a brief statement of facts regarding the accident. If additional space is needed use a full sheet of paper for continuation.
6. A complete and accurate report will greatly aid the District in a fair remediation of this incident.

Remit form to your immediate supervisor and a copy to District Risk Management

4343 North Highway 67
Mesquite, TX 75150
972-860-4029