

RISK RELATED ACTIVITIES DRIVER STATEMENT

1115 N. EL PASO, COLORADO SPRINGS, CO 80903
Phone 520-2398/Fax 520-2383/Cell 492-0074

PLEASE FORWARD TO RISK MANAGEMENT WITHIN 24 HOURS

Date incident reported to driver's supervisor <u>To be filled out by Supervisor</u>	Supervisor's name and phone number <u>To be filled out by Supervisor</u>
Date reported: _____	Name _____ Phone# _____

DATE OF INCIDENT	TIME AM <input type="checkbox"/> PM <input type="checkbox"/>	LOCATION OF INCIDENT OR ACCIDENT
VEHICLE OR BUS #	DEPARTMENT	SCHOOL STUDENTS ATTEND
DISTRICT VEHICLE YEAR, MAKE, MODEL, BODY STYLE		VEHICLE ID #
DRIVER'S NAME LAST FIRST MI		VEHICLE LICENSE #
DRIVER'S ADDRESS, CITY, STATE, ZIP	DRIVER'S DATE OF HIRE	HOME PHONE WORK PHONE POSITION OR OCCUPATION

DESCRIBE DAMAGE

SPEED LIMIT	ROAD CONDITIONS	TYPE OF TRAFFIC CONTROL	POLICE REPORT NUMBER	WHO RECEIVED TRAFFIC CITATION	TYPE OF VIOLATION
-------------	-----------------	-------------------------	----------------------	-------------------------------	-------------------

VEHICLE # 2 YEAR, MAKE, MODEL, BODY STYLE		VEHICLE ID #	VEHICLE LICENSE #
OWNER'S NAME LAST FIRST MI		OWNER'S ADDRESS, CITY, STATE ZIP	HOME PHONE
DRIVER'S NAME LAST FIRST MI		DRIVER'S ADDRESS, CITY, STATE, ZIP	HOME PHONE
DRIVER'S WORK PHONE	DRIVER'S LICENSE # / STATE	DRIVER'S DATE OF BIRTH	AGE
LIABILITY INSURANCE COMPANY	POLICY NUMBER	AGENT'S NAME, ADDRESS, PHONE	

DESCRIBE DAMAGE

FACTS OF ACCIDENT OR INCIDENT (THEFT)

IF NECESSARY USE BACK OF PAGE FOR FURTHER NARRATIVE

WAS THERE AN INJURY? NAME	ADDRESS	PARENT (IF INJURED CHILD)	HOME PHONE	WORK PHONE
Witness				

Driver's signature and phone number _____ Phone number _____

Supervisor's signature and phone number _____ Phone number _____