



GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

- Vehicle Accident Investigation Report -

Incident Information

Date of Accident: Time of Accident: a.m. p.m.
Location of Accident:
Conditions of Roadway:
Name of Law Enforcement Agency Investigating Accident:
Case Number: Officer's Name:

GCCISD Driver's Information

Name: Campus/Department:
Home Address: City State Zip
Home Phone: Work Phone: Cell:
District Vehicle Personal Vehicle: License Plate: Make/Model/Year
Citation Issued to Driver? No Yes: Type of Citation:
Medical Treatment Provided to Driver? No Yes: Where:
Vehicle Towed? No Yes: Where:
Any Other Passengers in the Vehicle? No Yes: Who:
Medical Treatment Provided to Passenger? No Yes: Where:

Other Driver's Information

Driver/Passenger Information

Name of Driver: Phone Number:
Home Address: City State Zip
Citation Issued to Driver? Unknown No Yes: Type of Citation:
Medical Treatment Provided to Driver? Unknown No Yes: Where:
Vehicle Towed? Unknown No Yes: Where:
Any Other Passengers in the Vehicle? No Yes: Who:
Medical Treatment Provided to Passenger? Unknown No Yes: Where:

Vehicle/Insurance Information

Vehicle Make & Model: Year: License Plate:
Name of Insured: Policy Number:
Insurance Company: Phone Number:

Description of Accident

Large empty box for describing the accident details.



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****Draw the Accident Scene Here****

Additional Information
