

# 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