

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 IDENTIFICATIO	N NUMBER (VIN)	
ACCIDENT	DAMAGE WHERE CAN VEHICLE BE SEEN			
	O A.M. O RM. DATE TIME	LOCATION		
	ADDRESS	PHONE		
	Description of accident:			
A	Was car parked and unattended? O YES O NO Reported to police? O Y			
	Report number: Citation issued? O YI	ES O NO If yes, to whom	1?	
ER PARTY	OWNER	HOME PHONE	WORK PHONE	
	ADDRESS			
	DRIVER	HOME PHONE	WORK PHONE	
OTHER	ADDRESS			
J	YEAR/MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)		
	DAMAGE			
	NAME	HOME PHONE	WORK PHONE	
INJURE	ADDRESS Nature of injury:			
	Check one: O INSURED VEHICLE O CLAIMANT VEHICLE O PEDESTRIAN			
	Taken by ambulance? O YES O NO Where?			
WITNESS				
	NAME	HOME PHONE	WORK PHONE	
	ADDRESS NAME	HOME PHONE	WORK PHONE	
}	ADDRESS	HOME FROME	WORK FRONE	
	ADDIESS			
	REPORT PREPARED BY:		TITLE	
	PHONE		DATE	



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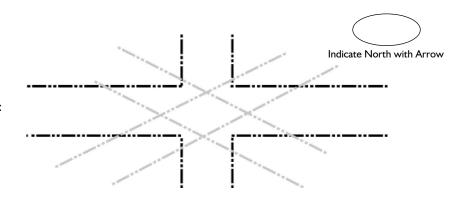
Complete this diagram only if accident occurs on private property (ex. parking lot, school property).

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 CCMSI PC Claims Team at (866) 204-0808 or (517) 347-2331 or email pcclaims@ccmsi.com

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: CCMSI PC Claims Team

Phone: (866) 204-0808 or (517) 347-2331

Fax: (517) 349-1835

Email: pcclaims@ccmsi.com

Mail: CCMSI | 2455 Woodlake Circle | Okemos, MI 48864