



SOCORRO INDEPENDENT SCHOOL DISTRICT

Automobile Accident Report

To be completed following any motor vehicle accident and forwarded to the Risk Management Division Fax: 915.851.7934

Section 1: Socorro ISD Information

Employee Name: _____

Were injuries sustained? Yes No

Date of accident: _____ Time: _____ Unit Number: _____

Make/Model: _____

Police Report #: _____ Police Dpt. Officer at Scene: _____

Description of accident: _____

Damages to district vehicle: _____

Section 2: Other Vehicle Information

Other Driver's Name: _____

Insurance Company name: _____

Were injuries sustained? Yes No

If yes, provide name: _____ Telephone: _____

Address: _____

Section 3: Witness Information

Were there any witnesses? Yes No

If yes, provide name: _____ Telephone: _____

Address: _____

****If necessary, please attach a separate sheet with additional information****