



ALBUQUERQUE PUBLIC SCHOOLS

Vehicle/Equipment Accident Report Form

APS Vehicle Information

Damage Over \$750.00

Date of Accident:	Time of Accident:	Unit #:
Year:	License Plate #:	Model:
Make:	Location Name:	Location #:
First Name:	Last Name:	
Employee #:	Date of Birth:	License #:
Vehicle Damage:		
Driver's Comment:		
Location of Accident:		
APS Passenger:		
Citations:		
<u>Other Vehicle Information</u>		
Other Driver:		
Phone #:	Work Phone #:	License #:
Date of Birth:	Address:	
Vehicle Damage:		
Year, Make & Model:		License Plate#:
Passenger's:		Phone #:
Insurance Co:		Policy #:
Investigating Agency: School Police: <input type="checkbox"/> APD: <input type="checkbox"/> BCSO: <input type="checkbox"/>		
Officer:		Case#:

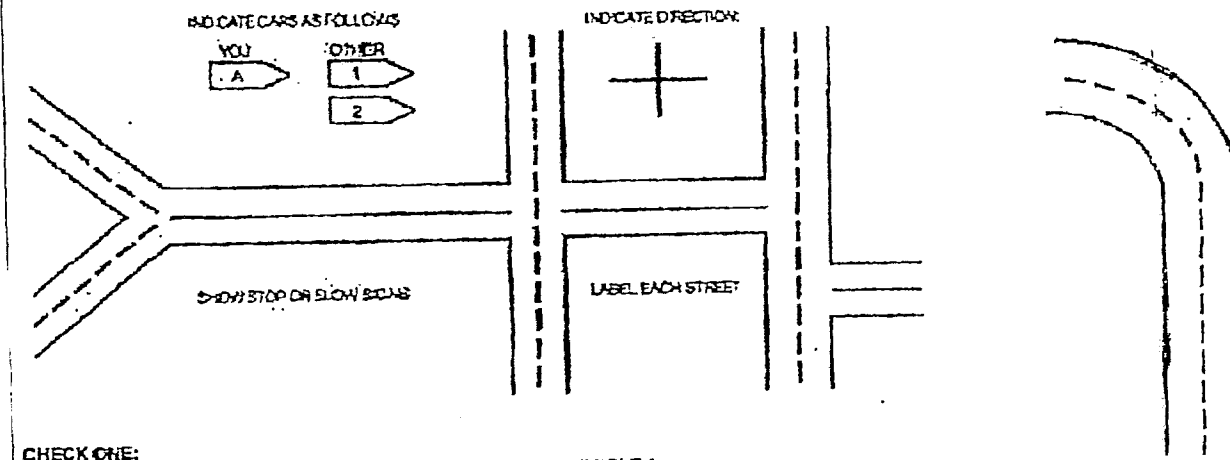
Bring Vehicle/Equipment Accident Report Form Immediately to:
 Fleet Maintenance Department
 Lincoln Complex
 919 Locust SE
 505.765.5950 Ext 230

Fleet Maintenance Will Forward to the Risk Management Department

AUTOMOBILE ACCIDENT REPORT

CLAIMANT/EMPLOYEE LAST NAME FIRST NAME MIDDLE INITIAL			CLAIM #
WITNESSES			
NAME	NAME	NAME	
HOME ADDRESS	HOME ADDRESS	HOME ADDRESS	
TELEPHONE NUMBER(S)	TELEPHONE NUMBER(S)	TELEPHONE NUMBER(S)	
IN WHICH CAR? YOUR CAR OTHER CAR #1 OTHER CAR #2 OTHER	IN WHICH CAR? YOUR CAR OTHER CAR #1 OTHER CAR #2 OTHER	IN WHICH CAR? YOUR CAR OTHER CAR #1 OTHER CAR #2 OTHER	

ILLUSTRATE POSITION OF CARS AT TIME OF COLLISION. SHOW SKID MARKS.
(IF ANY STREET IS MORE THAN TWO LANES OR IS ONE WAY ONLY, PLEASE INDICATE.)



CHECK ONE:
 I WAS DRIVER OF VEHICLE A PASSENGER OF VEHICLE A
 DESCRIBE THE ACCIDENT IN YOUR OWN WORDS (ATTACH SEPERATE SHEETS IF NECESSARY.)

CLAIMANT/EMPLOYEE SIGNATURE

DATE