

# The Trust

in partnership with the Alliance and SCIP

## Auto Liability Loss Report Form

The **Automobile Liability Loss Report** Form should be used for reporting damage to vehicles belonging to schools and/or third parties, and for reporting associated third party bodily injury. Please complete form in its entirety.

District Location: \_\_\_\_\_  
Loss Reported and completed by: \_\_\_\_\_  
Claims Contact person: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

### ACCIDENT DETAILS

List campus location most closely associated with the accident: \_\_\_\_\_

Date of accident: \_\_\_/\_\_\_/\_\_\_ Time of accident:  AM  PM

If time of accident is an estimate please explain further: \_\_\_\_\_

Weather at time of accident: \_\_\_\_\_

No of district vehicles involved: \_\_\_\_\_ Number of district persons injured: \_\_\_\_\_

No of other vehicles involved: \_\_\_\_\_ Number of district persons injured: \_\_\_\_\_

Describe location where accident occurred. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Description of accident (what occurred and how): \_\_\_\_\_

### DISTRICT VEHICLE

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_

State: \_\_\_\_\_ VIN: \_\_\_\_\_ Mileage: \_\_\_\_\_

District Owned vehicle?  Yes  No

If yes, what is the district vehicle number: \_\_\_\_\_ If no, list owner: \_\_\_\_\_

Is vehicle operable?  Yes  No

If no, who moved the vehicle? \_\_\_\_\_

Where was it moved to? \_\_\_\_\_ Is it incurring storage fees? \_\_\_\_\_

Describe vehicle damage: \_\_\_\_\_

Estimated repair cost: \_\_\_\_\_ Repaired by: \_\_\_\_\_

### DISTRICT DRIVER

Individual driving district vehicle: \_\_\_\_\_

District Employee?  Yes  No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_/\_\_\_/\_\_\_

District Employees assigned campus/department: \_\_\_\_\_

Use the information on this form to file your claim online.

**OTHER VEHICLE AND DRIVER (THIRD PARTY)**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_  
 State: \_\_\_\_\_ VIN: \_\_\_\_\_ Mileage: \_\_\_\_\_

Vehicle insurance:  
 Insurance Company: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Policy number: \_\_\_\_\_

Is the driver the owner of the vehicle?  Yes  No  
 If no, please provide owner name and phone number: \_\_\_\_\_

Is vehicle operable?  Yes  No  
 If no, who moved the vehicle? \_\_\_\_\_  
 Where was it moved to? \_\_\_\_\_ Is it incurring storage fees? \_\_\_\_\_

Describe vehicle damage: \_\_\_\_\_

Estimate repair cost: \_\_\_\_\_ Repaired by: \_\_\_\_\_  
 Individual driving other vehicle:  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Drivers License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INJURIES TO NON EMPLOYEES**

Injured party:  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Description of injury: \_\_\_\_\_  
 Other Insurance:  
 Insurance Information: (Insurance name and policy number) \_\_\_\_\_

Parent/Guardian information:  
 Relationship to injured party: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**PROPERTY DAMAGE**

Is owner of damaged property a student?  Yes  No  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Description of damage to property other than vehicles: \_\_\_\_\_

Estimated repair cost: \_\_\_\_\_  
 Parent/Guardian information:  
 Relationship to injured party: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**OTHER INFORMATION**

Reported to Law Enforcement Agency (Sherriff, Police or Fire Department)?  Yes  No  
 Date reported: \_\_\_\_\_ Agency name: \_\_\_\_\_  
 Office name and ID number: \_\_\_\_\_ Report number: \_\_\_\_\_  
 Witness information (if Applicable)  
 First witness full name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Second witness full name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**ADDITIONAL COMMENTS**

Use the information on this form to file your claim online.