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Drivers	report	OI	accident
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	Member name:				Claim #:	Claim #:	
Colorado Special Districts Property and Liability Pool	Member address:						
ACCIDENT INFORMATION	Date of accident:		Time of accident:	Desc AM PM	ription of accident:		
	Place of accident (Stre	et or highway, city	or town and state):				
DIAGRAM OF ACCIDENT  Draw vehicles in the form of a  of rectangle. Label our vehicle  "A" and the other vehicle "B".  Show the point of impact and  where the vehicles stopped  after the accident.	7/			W	Ε		
OUR VEHICLE NFORMATION	Year:	Make:	Model:	Pla	ate #:	State:	
	VIN (vehicle I.D. #):		Vehicle #:	Col	or:	Location #:	
	Address of where vehicle is assigned:						
	Driver's name:		Telephone #:	Age:	Social securit	y #:	
	Address:			Driver's license #	<i>t</i> :	DL state:	
	Description of damage	:	W	as vehicle towed?  YES NO	Location of vehicle:		
YOUR VEHICLE PASSENGER INFORMATION	Passenger(s) name:		Telephone #:	Address:			

## In case of motor vehicle accident (please keep this form in your document pouch)

- Take necessary precautions to protect the scene of the accident from further accidents
- · Call the police and your manager. If someone is injured, request medical assistance. If fire is involved, request fire department aid
- If possible, take photos of damage to vehicles and surrounding area (intersection, roadway, weather, etc)
- Answer police questions. Give identifying information to other party involved, but make no comments about assuming responsibility
- Complete the driver's report of accident. You will need this information later for state and insurance reports
- As soon as possible, turn this form in to your supervisor so they can report the claim in a timely manner to the CSD Pool
- Ensure the claim number given to you at intake is referenced on email and/or fax



Age: Social security #: Driver's license #: Dl. state:    Vear: Make: Model: Plate #: State:	OTHER VEHICLE INFORMATION	Driver's name:		Telephone #:		Address:			
Vear: Make: Model: Plate #: State:  Owner of vehicle: Owner's address: Insurance company: Policy #:  Description of damage: Was vehicle towed? Location of vehicle:  PASSENGER INFORMATION  POLICE INVESTIGATION Were police notified? Police: Precinct: Report #:  Was a reporting this excident, the customer service representative will camplete the notice of loss by the recisions from the drawn report of the information recipit from the circle and report of the information recipit from the circle and report of the information recipit from the circle and report of the information recipit from the circle and report of the information recipit from the circle and recipitation of the									
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