



BUS/VEHICLE ACCIDENT REPORT TO SISC II "CONFIDENTIAL"

DISTRICT (INCLUDE POINT OF CONTACT, ADDRESS, TEL#)		ACCIDENT DATE	
		ACCIDENT LOCATION	
PHONE NO.:			
Email:			
DISTRICT DRIVER NAME	DRIVER PHONE NO.	VIN #	VEHICLE LICENSE NO.
YEAR	MAKE/MODEL		
DESCRIPTION OF ACCIDENT			
DESCRIBE DAMAGE TO DISTRICT BUS/VEHICLE			
POLICE REPORT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO		CASE #	
OTHER VEHICLE			
DRIVER'S NAME		HOME PHONE	NAME & ADDRESS OF OTHER PARTY'S INSURANCE & POLICY #
DRIVER'S ADDRESS, CITY, ST, ZIP		VEHICLE: YEAR, MAKE, MODEL	
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			
INJURED PARTIES		PHONE	ADDRESS, CITY, ST, ZIP
ADDITIONAL WITNESSES OR INVOLVED PARTIES (USE ADDITIONAL SHEETS AS NEEDED)			

Employee Signature

Date

Reviewing Supervisor Signature

Date

This form can be emailed to sisc_pl@kern.org or sent via fax to (661) 636-4418
Questions? Call Lilia Beck at (661) 636-4495

P. O. Box 1847 ♦ Bakersfield, CA 93303-1847 ♦ <http://www.kern.org/sisc/>
2000 K Street - Larry E. Reider Education Center ♦ Bakersfield, CA 93301 ♦ (661) 636-4710 ♦ FAX (661) 636-4418

A Joint Powers Authority administered by the Kern County Superintendent of Schools Office, Christine Lizardi Frazier, Superintendent