

Accident Procedures

Obtain the following information

Driver Name: _____ Date: _____ Time: _____ AM/PM

Vin# _____ Make: _____ Model: _____ Year: _____ Color: _____

Unit# _____

Location of Accident: _____

Description of accident: _____

Is any one injured: Yes No

Was any vehicle towed: Yes No

NOTIFY CISD POLICE DISPATCHER: Time Notified: _____ AM/PM

936-709-8911 OR 936-756-3842 Landline

NOTIFY YOUR SUPERVISOR OF ACCIDENT: Time Notified: _____ AM/PM

What is the Supervisors Name: _____

To what Department is vehicle assigned: _____

Driver of other Vehicle: _____ Phone#: _____

VIN#: _____ Make: _____ Model: _____ Year: _____ Color: _____

Insurance Company: _____ Policy# _____ Phone# _____

In the event of an accident, you must do the following.

- 1. If possible safely move your vehicle to the side of the road out of the active traffic lanes.**
- 2. Call CISD PD and your Supervisor.**
- 3. Supervisor will report to accident scene.**
- 4. Supervisor will contact his/her coordinator immediately to inform him/her of the accident and continually update throughout process after arriving on scene.**
- 5. Coordinator will contact Director and Assistant Director of Maintenance and Custodial by phone and or text and provide updates throughout the process.**
- 6. Take pictures of scene and of damage to both vehicles.**
- 7. DO NOT LEAVE THE SCENE OF AN ACCIDENT UNTIL OFFICER HAS RELEASED YOU.**
- 8. Fill out a driver's statement and turn into your supervisor.**
- 9. DO NOT DISCUSS DETAILS OF ACCIDENT WITH ANYONE BUT SUPERVISOR AND OFFICER.**
- 10. Supervisor will scan in and send all accident pictures and documents to John Brown, Maintenance Coordinator @ jobrown@conroeisd.net, Dwight Martin, Assistant Director of Maintenance & Custodial @ djmartin@conroeisd.net, and Marshall Schroeder, Director of Maintenance & Custodial @ mschroeder@conroeisd.net within 24 hours of accident.**

CISD Custodial/Maintenance - Operations Accident/Incident Procedures Form

Obtain the following information

Driver: _____ Date: _____ Time: _____ am/pm

Unit # _____

Location of Accident/Incident:

Description of Accident/Incident:

(Circle all that are reported injured)

1. Is anyone in CISD vehicle Injured? Yes No Driver/Passenger(s)
2. Is anyone in other vehicle(s) involved in the accident Injured? Yes No Driver/Passenger(s)
3. Is an Ambulance Needed? Yes No
Time 911 Notified: _____
4. Are any of the vehicles involved in the accident having to be towed?
 Yes No
5. Did investigating officer determine CISD driver was at fault or was CISD driver cited?
 Yes No

If you answered "yes" to any of the above 5 questions the Supervisor is required to contact Forward Edge by phone at 713-702-5647 to request an immediate drug/alcohol test for the CISD employee driving the CISD vehicle involved in the accident. The request to Forward Edge is to be made immediately after being released from the scene of the accident by law enforcement officer.

CISD POLICE DISPATCHER -Time Notified: _____ am/pm **936-709-8911** or **936-756-3842** Landline

DISPATCH SUPERVISOR TO THE SITE - Yes No Time Called: _____ am/pm

Supervisor Dispatched: _____

SUPERVISOR NOTIFY APPROPRIATE COORDINATOR:

John Brown 936-672-1348 936-709-8750
Mark Frese 936-689-1176 936-709-7580
Rodney Shelton 936-672-2630 936-709-8703
Sidney Strawn 936-672-1658 832-592-8886

COORDINATOR NOTIFY JOHN BROWN:

John Brown 936-672-1348 936-709-8750

COORDINATOR NOTIFY DIRECTOR & ASSISTANT DIRECTOR:

Dwight Martin 832-879-0795 936-709-8879
Marshall Schroeder 832-592-8890 936-697-0786