

# Vehicle Accident Procedures

Obtain the following information

CISD Driver Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

VIN# \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Unit #: \_\_\_\_\_

**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

Supervisor Name: \_\_\_\_\_ Department Vehicle Assigned: \_\_\_\_\_

Follow the below steps:

1. If possible safely move your vehicle to the side of the road, out of the active traffic lanes.
2. Call CISD Police Department and your Supervisor.
3. Supervisor will report to the accident scene.
4. Supervisor will contact his/her Coordinator immediately to inform him/her of the accident and will continually update throughout the process after arriving on scene. (All phone numbers listed below).
5. Coordinator will contact Director and Assistant Director of Maintenance and Custodial by phone and/or text and provide updates throughout the process (phone numbers listed below).
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 THE SUPERVISOR AND POLICE OFFICER.
10. Supervisor will scan in and send all accident pictures and documents to John Brown, Maintenance Coordinator at [jobrown@conroeisd.net](mailto:jobrown@conroeisd.net) and Marshall Schroeder, Director of Maintenance and Custodial at [mschroeder@conroeisd.net](mailto:mschroeder@conroeisd.net) within 24 hours of accident.

## Other Driver/Vehicle(s) Involved information:

Driver of Vehicle#1: \_\_\_\_\_ Phone #: \_\_\_\_\_

VIN#: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver of Vehicle#2, if applicable: \_\_\_\_\_ Phone #: \_\_\_\_\_

VIN#: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is anyone Injured: \_\_\_ Yes \_\_\_ No If yes – CISD Passenger \_\_\_ Yes \_\_\_ No Other: \_\_\_ Yes \_\_\_ No

Name of Injured: \_\_\_\_\_

Is an Ambulance Needed? \_\_\_ Yes \_\_\_ No if yes – Name of Injured: \_\_\_\_\_

Was any vehicle towed: \_\_\_ Yes \_\_\_ No If Yes – CISD Vehicle \_\_\_ Yes \_\_\_ No Other : \_\_\_ Yes \_\_\_ No

Which Vehicle(s): \_\_\_\_\_

**Drug/Alcohol Test will be Required if "YES" is answered to any of the questions below:**

Was it determined that the CISD Driver was at fault? \_\_\_ Yes \_\_\_ No

Is it suspected by police officer or supervisor (on the scene) that the driver contributed in some way to the cause of the accident? \_\_\_ Yes \_\_\_ No

If **YES** was answered to **any** of the above questions – the Supervisor is required to either contact Pinnacle by phone **(281) 405-8378** - to request a drug/alcohol test for the CISD driver at a CISD Facility or if during regular business hours, the Supervisor can take the employee to Pinnacle at 654 N. Sam Houston Parkway East, Suite 189, Houston, Texas 77060.

**Accident Information:**

Location of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

