

Vehicle Accident Procedures

Obtain the following information

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

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

Color: _____ License Plate# _____ Unit #: _____ Case# _____

Work Order # _____

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. Supervisor will complete digital form on-line and submit to DocuShare Folder.
10. DO NOT DISCUSS DETAILS OF ACCIDENT WITH ANYONE BUT THE SUPERVISOR AND POLICE OFFICER.
11. Supervisor will scan in and send all accident pictures and documents to John Brown, Maintenance Coordinator at jobrown@conroeisd.net, Danielle Vigil, Secretary dvigil@conroeisd.net and Marshall Schroeder, Director of Maintenance and Custodial at 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: _____

License Plate# _____ 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: _____

