

MOTOR VEHICLE PROPERTY DAMAGE AND LIABILITY REPORT



—SAINT PAUL PUBLIC SCHOOLS—

The information on this report is to be used by SPPS Staff only.
Every employee **must complete this form within 7 days** of a crash or incident that involves a District owned or leased vehicle and results in property damage, injury or death.
Email the completed form to > claims@spps.org

1-DETAILS OF INCIDENT

DATE OF INCIDENT	TIME	AM PM	TYPE OF INCIDENT ENTER # IN BOX 1-CRASH w/SPPS VEHICLE 3-CRASH w/CONTRACTED BUS 5-VANDALISM of SPPS VEHICLE 2-CRASH w/SPPS BUS 4-LIABILITY DAMAGE TO OV (ex, hit by rock from mower) 6-OTHER	OCCURRED AT/IN/ON ENTER # IN BOX 1-INTERSECTION 3-HIGHWAY 5-ALLEY 2-CITY STREET 4-PARKING LOT 6-OTHER
POLICE AT SCENE? Y N	IF YES, WHAT PRECINCT?	CASE/REPORT#	DESCRIBE WHAT HAPPENED PROVIDE SUFFICIENT DETAILS (traffic controls, actions taken, external distractions, work zone, seat belts, etc.)	

2A-LOCATION OF INCIDENT: CRASH [IF NOT A MOVING VEHICLE CRASH, SKIP TO NEXT SECTION]

STREET NAME	NEAREST CROSS STREET	IF IN PARKING LOT, BLDG/FACILITY NAME	BLDG/FACILITY ADDRESS INCLUDE STREET, CITY, ZIP
POSTED SPEED LIMIT	YOUR SPEED LIMIT	# OF VEHICLES	# PASSENGERS (NOT incl driver) >
		IN SPPS VEHICLE	IN OTHER VEHICLE
PARKED Y/N IN EACH BOX SPPS: Y or N OTHER: Y or N			
ROAD SURFACE ENTER # IN BOX 1-DRY 3-SLUSH 5-MUDDY 7-ICE PACKED SNOW 8-DEBRIS ON ROAD 2-WET 4-OILY 6-WATER (STANDING/MOVING) 9-OTHER		WEATHER ENTER # IN BOX 1-CLEAR 3-RAIN 5-BLIZZARD 7-FOG/SMOG/SMOKE 2-CLOUDY 4-SNOW 6-SLEET/HAIL/FREEZING RAIN	LIGHTING ENTER # IN BOX 1-DAYLIGHT 2-DAWN (A.M.) 3-DUSK (P.M.) 4-DARK: NO STREET/LOT LTS 5-DARK: STREET/LOT LTS ON

2B-LOCATION OF INCIDENT: VANDALISM-SPPS VEHICLE (IV) | LIABILITY-DAMAGE TO OTHER VEHICLE (OV) ONLY [IF N/A, SKIP TO NEXT SECTION]

BUILDING/FACILITY NAME	BUILDING/FACILITY ADDRESS INCLUDE STREET, CITY, ZIP	TYPE OF LOSS ENTER # IN BOX 1-OV: HIT BY ROCK FROM MOWER 3-IV: STOLEN TOOLS 5-OTHER 2-IV: GLASS BREAKAGE ONLY 4-IV: THEFT OF VEHICLE EQUIPMENT
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3-SPPS VEHICLE

SPPS DRIVER NAME	LICENSE #	DOB	DEPARTMENT ENTER # IN BOX 1-DISTRIBUTION 3-TRADES (inc Grounds) 5-FAMILY ED/ECFE 7-OTHER 2-NUTRITION 4-TRANSPORTATION 6-DRIVER ED
SPPS VEH ID#	PLATE#	YR/MAKE/MODEL	VIN# (LAST SIX DIGITS)

4-OTHER VEHICLE(S) (IF MULTIPLE VEHICLES INVOLVED, COMPLETE A SEPARATE FORM AND ATTACH)

OTHER DRIVER NAME	LICENSE #	DOB	EMAIL
STREET ADDRESS	CITY ST, ZIP	PHONE	PHONE TYPE ENTER # IN BOX 1-CELL 2-HOME 3-WORK 4-OTHER
OWNER NAME	STREET ADDRESS	CITY ST, ZIP	PHONE # TYPE
PLATE #	YR/MAKE/MODEL	VIN# (LAST SIX DIGITS)	TYPE OF VEHICLE ENTER # IN BOX 1-CAR 2-SUV 3-VAN 4-PICKUP 5-MOTORCYCLE 6-TRUCK 7-OTHER
INSURANCE COMPANY NAME (NOT AGENCY)		POLICY#	POLICY PERIOD FROM TO
DESCRIBE PARTS OF VEHICLE DAMAGED	EST \$ REPAIR COST	PHOTOS? (Y/N) ATTACH OR EMAIL	PREVIOUS DAMAGE (DESCRIBE WHERE, EXTENT, ETC.)

5-PASSENGER(S) AND WITNESS(ES) (IF ADDITIONAL SPACE NEEDED, COMPLETE A SEPARATE FORM AND ATTACH | NOTE: PASSENGERS ARE NOT CONSIDERED WITNESSES)

FIRST/LAST NAME	PHONE	EMAIL	DOB or AGE	P or W	INJURY CODE (add "M" if EMT/AMBULANCE AT SCENE)
					INJURY ENTER # IN BOX 1-NONE 2-MINOR 3-UNCONSCIOUS 4-DIED M-EMT/AMB
					INJURY ENTER # IN BOX 1-NONE 2-MINOR 3-UNCONSCIOUS 4-DIED M-EMT/AMB
					INJURY ENTER # IN BOX 1-NONE 2-MINOR 3-UNCONSCIOUS 4-DIED M-EMT/AMB

6-DAMAGE TO PROPERTY OTHER THAN VEHICLES (MAILBOX, FENCE, SIGNPOST, GUARDRAIL, ETC.)

TYPE OF PROPERTY DAMAGED	OWNER NAME	ADDRESS	PHONE	PHOTOS? Y ATTACH OR EMAIL N
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7A-DAMAGE TO SPPS VEHICLE(S) (IF MULTIPLE VEHICLES INVOLVED, COMPLETE A SEPARATE FORM OR INCLUDE ADDITIONAL DOCUMENTATION FOR EACH VEHICLE)

SPPS VEH ID# (SKIP THIS ROW IF SAME AS ON PG 1)	PLATE#	YR/MAKE/MODEL	VIN# <small>(LAST SIX DIGITS)</small>
DESCRIBE PARTS OF VEHICLE DAMAGED	HAS ESTIMATE BEEN OBTAINED? Y* N *IF YES, INCLUDE COPY	EST \$ REPAIR COST	PHOTOS? ATTACH OR EMAIL Y N

7B-REPAIR INFORMATION

NAME OF PREFERRED BODY SHOP	ADDRESS INCLUDE STREET, CITY, ZIP	MAIN CONTACT NAME	PHONE	EMAIL
DID THIS SHOP WRITE ESTIMATE? Y N	ESTIMATOR'S NAME	PHONE	EMAIL	
CURRENT LOCATION OF SPPS VEHICLE	NAME OF SPPS SITE/BLDG OR NON-DISTRICT SITE	IF NON-SPPS LOCATION: STREET ADDRESS CITY, ZIP	WAS VEHICLE TOWED? Y N	IF YES, NAME OF TOWING COMPANY

7C-SPPS POINT OF CONTACT FOR REPAIRS THIS PERSON WILL MEET WITH INSURANCE APPRAISER FOR ESTIMATE; COORDINATE/SCHEDULE REPAIRS

*****NOT AUTHORIZED TO NEGOTIATE SETTLEMENT*****

CONTACT NAME	PHONE	CELL? Y N	EMAIL
BEST TIME TO SCHEDULE ESTIMATE WITH INSURANCE APPRAISER INCL DAYS & TIMES	DATE REPAIRS MUST BE COMPLETED	IS VEHICLE DRIVEABLE? Y N	IS VEHICLE CURRENTLY BEING USED? Y N
PROVIDE ADDITIONAL INFORMATION REGARDING REPAIRS INCL TIME FRAME FOR SCHEDULING REPAIRS, HOW SPPS USES VEHICLE, SPECIFIC DAYS/TIMES VEHICLE IS USED			

*****SPPS vehicle physical damage repair cost is subject to a \$1,000 deductible.***
 The deductible is the responsibility of the department that maintains the vehicle, and is payable to the body shop when the vehicle is fully repaired.**

SPPS PERSONNEL COMPLETING FORM (MUST BE COMPLETED BY DRIVER INVOLVED OR SUPERVISOR)

NAME	PHONE	CELL? Y N	EMAIL	DATE COMPLETED
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