

CHURCH OF THE OPEN DOOR & CARROLL CHRISTIAN SCHOOLS

Driver Accident / Incident Procedures & Reporting Forms

Do not admit or sign anything stating that you are at fault. This is for the police and/or insurance companies to determine based on facts and eyewitness reports.

- Take immediate action to prevent further damage at the scene of the accident.
 - a. If possible, move the vehicle to a safe location out of the way of traffic.
 - b. Turn on your warning flashers and place warning signals (flare or warning triangles if available).
- Where property damage or injury is involved:
 - a. Call the police.
 - b. If someone is injured, request medical assistance.
 - c. If fire is involved, request fire department aid.
- If law enforcement does not respond, get all necessary information from everyone involved in the accident including any witnesses.
- If law enforcement does respond:
 - a. Obtain a copy of the ticket/report if applicable.
 - b. Be courteous.
 - c. Answer police questions.
- Immediately notify the office and report all accidents and injuries:
 - a. CCS: Todd Comstock, Jr. – (443) 340-4106
 - b. COD: Tammy Comstock – (717) 479-8903
- Drivers are required to fill out a detailed accident report on all accidents that occur while operating a motor vehicle on behalf of the Church or School.
- If the vehicle **breaks down** or there is a question about its drivability, please call:
 - a. Bus Ministry Leader – Pastor Josh Belcher (410) 259-0417
 - b. Facilities Supervisor – Kevin Hoffman (410) 241-9152

CHURCH OF THE OPEN DOOR & CARROLL CHRISTIAN SCHOOLS

Motor Vehicle Accident Report by Driver

Date of Accident: _____ **Time of Accident:** _____ **AM PM**
Name of Driver: _____ **Driver's License #:** _____
Address (Home): _____
Address (Work): _____
Phone (Home): _____ **Phone (Work):** _____
Location of Accident: _____
Approximate Speed at the time of the accident: _____ **Posted Speed Limit:** _____
Police Report Written: Yes No **Police Department:** _____
Reporting Officer Name: _____ **Badge #:** _____
Citation Issued: Yes No *If yes, attach a copy.*

INJURIES

Driver Injury: _____	
Passengers:	
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Noted Injuries: _____	Noted Injuries: _____
Other Vehicle:	Pedestrian:
Driver:	
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Noted Injuries: _____	Noted Injuries: _____
Passengers:	
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Noted Injuries: _____	Noted Injuries: _____

PROPERTY DAMAGE

Driver Vehicle

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

Describe Damage: _____

Other Vehicle

Driver: _____ Driver's License #: _____

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

Insurance Company: _____ Policy #: _____

Describe Damage: _____

Property Other than Vehicle: _____

Passengers:	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Phone: _____	Phone: _____
	Noted Injuries: _____	Noted Injuries: _____
Passengers:	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Phone: _____	Phone: _____
	Noted Injuries: _____	Noted Injuries: _____
Passengers:	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Phone: _____	Phone: _____
	Noted Injuries: _____	Noted Injuries: _____
Passengers:	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Phone: _____	Phone: _____
	Noted Injuries: _____	Noted Injuries: _____
Passengers:	Name: _____	Name: _____
	Address: _____	Address: _____
	_____	_____
	Phone: _____	Phone: _____
	Noted Injuries: _____	Noted Injuries: _____
Passengers:	Name: _____	Name: _____
	Address: _____	Address: _____
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CHURCH OF THE OPEN DOOR & CARROLL CHRISTIAN SCHOOLS

Injury Incident Report Form

To be completed by staff & volunteers within 12 hours of incident/accident.

Incident Date: _____ Incident Time: _____ AM PM

Injured Person Name: _____

Address: _____

Phone Numbers: _____

Gender: _____ Date of Birth: _____

Details of Incident:

Injury Description: _____

Does injury require Hospital/Physician? ___Yes ___No

Hospital/Physician Name: _____

Address: _____

Phone Numbers: _____

Injured Person/Party Signature: _____ Date: _____

Important Notes:

Prepared by: _____ Date: _____

Please use the backside of this page if more space is needed.

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Gender: _____ **Date of Birth:** _____

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Injury Description: _____

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Hospital/Physician Name: _____

Address: _____

Phone Numbers: _____

Injured Person/Party Signature: _____ **Date:** _____

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