

PLYMOUTH COMMUNITY SCHOOL CORPORATION
TRANSPORTATION DEPARTMENT

701 E. Berkley Street
Plymouth, Indiana 46563
Phone: (574) 936-3169 Fax: (574) 936-4125

Accident Report

Date: _____ Time: _____

Driver's Name: _____ License Number: _____

Where did accident occur? _____

Corporation Vehicle Involved: _____ VIN#: _____

Other vehicle involved? Yes No

Kind of vehicle: _____ Plate Number: _____

Other Driver's Name: _____ Phone: _____

Other Driver's Address: _____

Other Driver's Insurance Company & Number: _____

Describe how the accident happened:

Signature of Driver

Signature of Supervisor

Print Driver's Name

Print Supervisor's Name