Fort McMurray Public Schools

FORM 580-1
MOTOR VEHICLE DAMAGE
ACCIDENT REPORT

This form must be submitted within 24 hours if there is an Employee or Volunteer injury associated with this report
Note: all Items and Sections noted in ***bold italics*** with an asterisk are required fields and MUST be completed

Submitter's FIRST Name: _____ Submitter's LAST Name: _____

Phone Number: _____ Email Address: _____

School / Building*: _____

Date of Accident*: ***(m/d/y)*** _____ ***Time of Accident*:*** ***(use 24-hour clock e.g. 1:15 pm is 13:15)*** _____

*LOCATION**

Location of Accident ❒ Off-Site ❒ On-Site

If Off-Site, state Facility Name and Address – and/or specify location of accident*

FACILITY Name: _____

Address: _____

City: _____ ***Postal Code:*** _____

Provide more details, if necessary: _____

INCIDENT INFORMATION (Description of Incident)*

Type of Vehicle Incident*

❒ Break-In ❒ Collision (single vehicle) ❒ Flood ❒ Vandalism
❒ Collision (multiple vehicles) ❒ Fire ❒ Theft ❒ Other (specify)

Were the Police Notified? ❒ Yes ❒ No

If Yes, report Officer's Name _____ Police Report No. _____

Road Conditions

❒ Dry ❒ Gravel ❒ Icy ❒ Mud ❒ Wet

Weather

❒ Clear ❒ Cloudy ❒ Fog/Mist ❒ Hail ❒ Rain ❒ Sleet ❒ Snow

Were there injuries*? ❒ Yes ❒ No How many people were injured? ☐

How many vehicles involved? ☐ ***Any damage to property other than vehicles*?*** ❒ Yes ❒ No

Additional Information

❒ CHECK if media has been involved or likely to be involved ❒ CHECK if legal action has been threatened Record number of people involved ☐

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VEHICLE INFORMATION*

Vehicle Ownership Type ❒ 3rd Party ❒ District / Board ❒ Rental

Purpose of vehicle use at time of incident

❒ Delivery / Transport Goods ❒ Maintenance ❒ Not in use ❒ Transporting Students

❒ Other (specify)

Make of Vehicle*

❒ Bluebird ❒ Freightliner ❒ IHC ❒ Mack ❒ Pontiac ❒ Royal ❒ Thomas ❒ Trailtech

❒ Chevrolet ❒ GMC ❒ International ❒ Mitsubishi ❒ Rainbow ❒ Snowbear ❒ Tomcat ❒ Wells Fargo

❒ Dodge ❒ Hinc ❒ Kenworth ❒ MCI ❒ Rogers ❒ Sterling ❒ Toyota ❒ Western Star

❒ Ford ❒ Other (specify)

Vehicle Model

❒ Bus (25-50 Passenger)	❒ Trailer – Dump	❒ Truck – Heavy Duty Truck	❒ Van – Chev Uplander
❒ Bus (50+ Passenger)	❒ Trailer – General	❒ Truck – Medium Duty Truck	❒ Van – Cube
❒ Bus – Coach (40+ Passenger)	❒ Trailer – Utility	❒ Truck – Other	❒ Van – Dodge Sprinter
❒ Car – Camry	❒ Truck – Chev S–10 Pick–Up	❒ Truck – Pick–Up	❒ Van – Ford Econoline
❒ Car – Other	❒ Truck – F150	❒ Truck – Ram	❒ Van – Ford Winstar
❒ Other – Unspecified	❒ Truck – F250	❒ Truck – Sonoma	❒ Van - GMC Safari
❒ SUV – Other	❒ Truck – F350	❒ Truck – Sierra	❒ Van – GMC Savana
❒ SUV – Rav4	❒ Truck – F450	❒ Truck Silverado	❒ Van – Minivan (7 Passenger)
❒ Trailer – 5th Wheel	❒ Truck – F550	❒ Van – Caravan	❒ Van – Other
❒ Trailer – Boat	❒ Truck – F650	❒ Van – Cargo Van	❒ Van – Shuttle (15-25 Passenger)
❒ Trailer – Car Hauler	❒ Truck – F750	❒ Van – Chev Express	❒ Van – Shuttle (7-15 Passenger)

Year _____ Serial Number _____ Province _____

Mileage _____ Estimated Damages $ _____

If Vehicle is a rental; identify rental company's name and phone number:

Company _____ Phone (incl. area code) _____

Number of Passengers in vehicle* ☐ Number of passengers wearing seatbelts ☐

OPERATOR INFORMATION* *(Complete third party operator information for multiple vehicle collisions)*

Operator is*: ❒ ***Employee*** **OR** ❒ ***Third Party***

First Name*: _____
Last Name*: _____
Employee ID: _____
Job Position: _____
Status*:
❒ Caretaking Staff
❒ Certificated Staff
❒ Exempt Staff
❒ Support Staff
❒ Trades
❒ Other (specify)

First Name: _____
Last Name: _____
Third Party Address: _____
Province / Postal Code: _____
Phone (incl. area code): _____
eMail Address: _____
Driver's License #: _____ Year Licensed: _____
Policy #: _____
Insurance Company: _____
Agent's Name: _____

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*Operator Injury Details**

If First Aid was administered, complete name of First Aider**: **FIRST Name: _____ ***LAST Name:*** _____

Description of First Aid Administered

_____

_____

_____

Qualified District First Aider*? ☐ Yes ☐ No

First Aid Qualification ☐ Advanced ☐ Emergency ☐ Nurse ☐ Standard ☐ Wilderness

Was a Paramedic or Physician Called? ☐ Yes ☐ No ***If Yes, was an ambulance called*?*** ☐ Yes ☐ No

Provide name of physician or hospital / phone number _____

If no ambulance was used, identify method of transportation _____

Did this person lose time from work*? ☐ Yes ☐ No First day of lost time (m/d/y) _____

Injury / Illness Type (check as many that apply)*

- ☐ Back / Spinal injury
- ☐ Bad Scrape
- ☐ Broken or fractured bones
- ☐ Broken or fractured bones (long term effects or surgery)
- ☐ Concussion (possible concussion)
- ☐ Dislocated / Separated joint
- ☐ Dizziness / Headache / Nausea
- ☐ Fainting, loss of consciousness
- ☐ Fatality
- ☐ Laceration (required stitches or medical attention)
- ☐ Minor Cut / Laceration / Irritation
- ☐ Minor scrape or bump
- ☐ Minor swelling or bruising
- ☐ Muscle pull or strain
- ☐ Permanent disability
- ☐ Serious / Major bleed, bruise or swelling
- ☐ Severe sprain
- ☐ Severe wound (scarring or surgery)
- ☐ Other (specify)

Body Part (check as many that apply)*

- ☐ Abdomen / Stomach
- ☐ Ankle
- ☐ Back
- ☐ Buttocks
- ☐ Cheek(s)
- ☐ Chest Area
- ☐ Chin
- ☐ Collarbone
- ☐ Ear(s)
- ☐ Elbow
- ☐ Eye(s)
- ☐ Finger(s) / Thumb
- ☐ Foot
- ☐ Groin
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Knee
- ☐ Lower arm
- ☐ Lower leg / Calf
- ☐ Mouth
- ☐ N/A
- ☐ Neck / Throat
- ☐ Nose
- ☐ Possible internal injuries
- ☐ Shoulder
- ☐ Side / Ribs
- ☐ Teeth
- ☐ Toes
- ☐ Other (specify)

- If there are **injuries to passengers** involved in the motor vehicle accident, complete **SECTION THREE** (3) of the **Student / Employee Injury FORM** for each involved person and attach to this report
- If there is a **hazard** associated with this injury, complete a **HAZARD FORM** and attach to this report

WITNESS (Use separate sheet if more than one witness)*

Were there any witnesses*? ☐ Yes ☐ No

Witness FIRST Name: _____ ***Witness LAST Name***: _____

Address / City / Postal Code: _____

Phone Number: _____

WITNESS ROLE

☐ Bystander ☐ Daycare ☐ Neighbour ☐ Student ☐ Volunteer

☐ Contractor ☐ Employee ☐ Parent ☐ Supervisor

Date of Report: _____

Report Approved by: _____
(print clearly)

Position: _____
(print clearly)