



VEHICLE INCIDENT DAMAGE REPORT

Date: _____ Time: _____ Vehicle # : _____

Coach (Print): _____

Was a student in the vehicle: YES or NO Was the student driving: YES or NO

Students Name: _____

IF A STUDENT WAS INVOLVED ONLY:

Visible injuries or complaints of pain: YES or NO EMS requested: YES or NO

Transported via EMS to: _____ (Facility Name or DECLINED if student declined)

Contacted Parent/Guardian: YES or NO Parent/Guardian Name: _____

JFC REQUIRED INFORMATION:

Notification of Damage Reported to (JDS Management): _____

Location/address of incident: _____

Police report required: YES or NO Report Number: _____

Responding Police Department: _____

Reporting Officer Name: _____ Badge #: _____

Description of damage to JFC property: _____

Description of damage to other vehicle or property: _____

EXCHANGE INFORMATION OF OTHER VEHICLE AND PERSON(S) INVOLVED:

Driver's Name: _____

Driver's License Number: _____ Vehicle Owner: _____

Insurance Company: _____ Policy Number: _____

License Plate Number: _____

Year: _____ Make: _____ Model: _____

Captured pictures submitted of all vehicles involved YES or NO Via: Email or Text

Circle or mark damage on the reverse diagram:

Notification of Damage Reported to (Management): _____ Coach Signature

