



FLEET VEHICLE ACCIDENT REPORT

All CPS vehicle accidents must be reported to the Business Services Office by calling 573-214-3702 or ext. 27410.

CPS Driver: _____
(print name)

Date & Time
of Accident: ___/___/___ @ ___:___
a.m. or p.m.
(Circle one)

CPS ID#: _____

CPS Vehicle Involved

For Business Services Office Use Only:
VIN#: _____

Vehicle #: ___ - ___

Year, Make & Model: _____

Description of Damage: _____

Other Vehicle Involved

Year, Make & Model: _____

Description of Damage: _____

Owner's Name, Address
& Phone Number: _____

Driver's Name (if other
than vehicle owner: _____

Passenger Name(s): _____

Location of Accident: _____

Description of Accident (also include specifics, such as: Cause of Accident, Nature of Injuries (if any), Eye Witnesses (if any), and all other important facts related to the accident):

Employee signature

Date

After completion of this form, email or fax to Kelly Wulff @ kwulff@cpsk12.org or extension 27651, then send the original to the Business Services office, 1818 W. Worley Street.