Reset Fields

NEW MEXICO
PUBLIC SCHOOLS INSURANCE AUTHORITY
Cannon Cochran Management Services, Inc.
Claims Administrator
P.O. Box 30870
Albuquerque, New Mexico 87190-0870
800-635-0679 505-837-8700
505-888-6901 Fax

CCMSI

Vehicle Accident Report

(For bodily injury or damage to another's property or for damage to your vehicle)

District Name	Address		City	State	Zip	Phone
School/Dept. Name	Address		City	State	Zip	Phone
Driver's Name	Address		City	State	Zip	Phone
Date of Birth	Social Security No.		Driver's License No.			
Vehicle						
Make	Year	Model	Serial #	License #	Where Vehicle May be Seen	
Trailer	Year	Model	Area of Damage	Used for Business? ☐ Yes ☐ No	Estimated Cost to Repair $	
Accident						
Date of Loss	Time of Loss	Location (Street/Highway)		City	State	
Were Police Called to Scene? ☐ Yes ☐ No	Police Dept. Called	Driver	Arrested?	Ticketed?	Violation?	
Name of Officer	Station Address					
Claimant 1						
Owner of Other Vehicle	Age	Address	City	State	Zip	Phone
Driver, if other than above	Age	Address	City	State	Zip	Phone
Make	Year	Model	License #	Area of Damage	Where Vehicle May Be Seen	Estimate of Damage $
Claimant 2						
Owner of Other Vehicle	Age	Address	City	State	Zip	Phone
Driver, if other than above	Age	Address	City	State	Zip	Phone
Make	Year	Model	License #	Area of Damage	Where Vehicle May Be Seen	Estimate of Damage $
Property Damage – Other Than Auto (ie, Fence, Canopy)						
Owner of the Property	Address		City	State	Zip	Phone
Describe Damaged Property	Location of Property		Extent of Damage			
Witness Information						
Name	Address		City	State	Zip	Phone
Name	Address		City	State	Zip	Phone

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Vehicle Accident Report

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Name	Address	City	State	Zip	Phone

Occupation	Age	Where Taken Following Accident

Pedestrian	☐	Fatality	☐	No Visible Injury – Some Pain	☐
In Your Vehicle	☐	Bleeding/Wound	☐	Other	
In Claimant Vehicle	☐	Unconscious	☐		

Name	Address	City	State	Zip	Phone

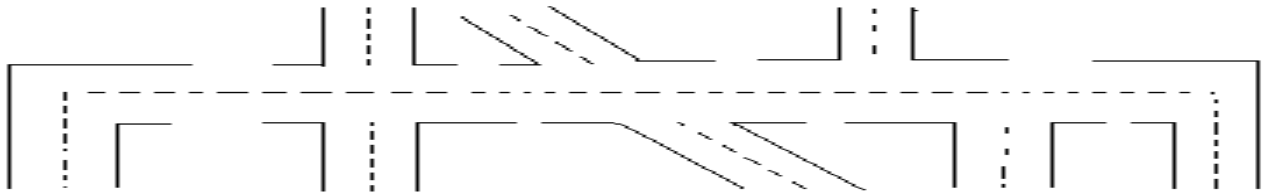
Occupation	Age	Where Taken Following Accident

Pedestrian	☐	Fatality	☐	No Visible Injury – Some Pain	☐
In Your Vehicle	☐	Bleeding/Wound	☐	Other	
In Claimant Vehicle	☐	Unconscious	☐		

Additional Remarks

Describe Accident Accident Resulted In: ☐ Bodily Injury ☐ Prop. Damage ☐ Vehicles ☐ Pedestrian

Accident Diagram



Note: Indicate North By Arrow

What Street Were You On?	Claimant 1	Claimant 2
What Direction Were You Traveling?	Claimant 1	Claimant 2

Weather Conditions	Traffic Conditions
Dry ☐ Wet ☐ Icy ☐ Foggy ☐ Snowy ☐	Light ☐ Moderate ☐ Heavy ☐

Speed Limit	Were You Familiar With The Area?	Traffic Controls

This Section Must Be Completed By Your Supervisor

1. Do you think a claim will be made against you? Yes ☐ No ☐
2. In my opinion, we are at fault for this accident? Yes ☐ No ☐

IMPORTANT: Has this accident been reported to a CCMSI adjuster? Yes ☐ No ☐

If reported, name of adjuster _____

Signature/Title _____ Date _____