

# DRIVER EDUCATION COLLISION/INCIDENT REPORT FORM

Within two weeks following **any** collision or incident involving a driver education vehicle, regardless of the extent of the damage, complete and mail this form to: Driver Education, State Department of Education, P.O. Box 83720, Boise, ID 83720-0027.

School District Name \_\_\_\_\_ Number \_\_\_\_\_

Date of collision/incident \_\_\_\_\_ 19 \_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Instructor: \_\_\_\_\_

Location: \_\_\_\_\_

Describe injuries: \_\_\_\_\_

Vehicle Driver: \_\_\_\_\_ Student \_\_\_\_\_ Instructor \_\_\_\_\_

If Student: Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Number of BTW Hours \_\_\_\_\_

Student observers in vehicle:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**DRIVER EDUCATION VEHICLE** \_\_\_\_\_  
year make license number

Describe damage: \_\_\_\_\_

Estimated damage: \$ \_\_\_\_\_ Amount covered by insurance: \$ \_\_\_\_\_

**OTHER VEHICLE/PEDESTRIANS INVOLVED:**

Driver and/or pedestrian(s): \_\_\_\_\_

Vehicle (s): \_\_\_\_\_  
year make license number

Describe damage: \_\_\_\_\_

**LAW ENFORCEMENT REPORT**

Was the incident reported to law enforcement? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, include a copy of the *Idaho Vehicle Collision Report*.

**INSTRUCTOR'S ACCOUNT** Diagram incident on the reverse side of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver Education Instructor: \_\_\_\_\_ Date \_\_\_\_\_

Principal or Superintendent: \_\_\_\_\_ Date \_\_\_\_\_

**Forward a copy to Driver Education, Department of Education. If a law enforcement report was written, include a copy with this report.**

