

**ATBE AUTOMOBILE FUND
INCIDENT REPORT**

Instructions: An authorized representative of an ATBE Covered Party is to use this form to report to ATBE, **within 7 days of the Incident**, an Incident involving a Member board owned or Covered Party operated Covered Automobile, as defined in the Coverage Agreement. Transmit with this form or immediately upon receipt, if after submission of this form, a copy of the official police accident report. Note that a Claim or Loss should be submitted separate from the Incident Report and pursuant to the Notice of AL Claim Procedure or Notice of APD Loss Procedure.

Submit this form and all documents to ATBE, VIA E-Mail: lhs@hestersellers.com

Member Board of Education _____

Date of Incident _____ Location of Incident _____

Board of Education Employee Driver Involved in Incident

Name _____ Job Position _____

Telephone _____ E-Mail _____

Address _____

(1) Does the driver have a valid Alabama driver's license and commercial driver's license, if required for the type of Automobile to be driven? ___ Yes ___ No If no, why? _____

(2) Does the driver have appropriate certification from the Alabama State Department of Education, if required, including but not limited to Alabama Department of Education School Bus Driver Certificate and documentation maintained by the Board evidencing the driver's compliance with Ala. Code §16-27-4.1 and applicable Alabama Administrative Code provisions (Physicals for School Bus Drivers)? ___ Yes ___ No
If no, why? _____

(3) Is the driver an Employee of the Board (a person duly elected as a superintendent of the Board, employed by the Board as a superintendent, employed by the Board as a chief school financial officer, or whose employment, pursuant to the Code of Alabama, was recommended in writing by the superintendent and approval, thereof, by the Board recorded in its minutes; and a person who meets the Internal Revenue Service definition of employee)? ___ Yes ___ No

Board of Education Vehicle Involved in Incident

Make _____ Model _____ Year _____

Vehicle Identification Number _____

Claimant(s) or Potential Claimant(s) (provide name, address, and telephone number for each; if claimant is a minor provide the age of the minor and the name of a parent or legal guardian; attach additional pages if necessary)

Witness(es) to the Incident (provide name, address, and telephone number for each)

Description of Incident, including statement by board employee driver involved in the Incident

(Include a description of the facts surrounding the Incident (*separate from any information on police report*), a description of any property belonging to the claimant or potential claimant that may have been damaged, and any *photographs* of any damaged property and Incident location to illustrate location of vehicle(s). Attach additional pages if necessary.)

Separate from the description and statements above, provide a copy of the official police accident report.

Board of Education Contact Regarding this Incident

Name _____ Job Position _____

Telephone _____ E-Mail _____

Date Submitted to ATBE _____ Date Received by ATBE _____