

KNOX COUNTY DRIVER EDUCATION ACCIDENT REPORT

School _____ Teacher _____

Date of accident _____ Time _____ Period _____

Place accident occurred _____

Vehicle _____
year make type

vehicle ID number owner of car

Driver of car _____ Age _____

Occupant Names

front right

rear left

rear right

Has Supervisor been notified? Yes _____ No _____

If anyone was injured, please attach statement and
procedure taken by the teacher.

Describe details of accident and damage to car.
(Use back of page if necessary.)

Attach photo here.

Send original to Central Office Supervisor
Make one copy for Principal of School
Make one copy to keep

Signature of Teacher