

## DISTRICT VEHICLE

Driver \_\_\_\_\_

License # \_\_\_\_\_

Vehicle Year and Make \_\_\_\_\_

Vehicle License # \_\_\_\_\_

Area of Damage \_\_\_\_\_

\_\_\_\_\_

## DESCRIPTION OF ACCIDENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

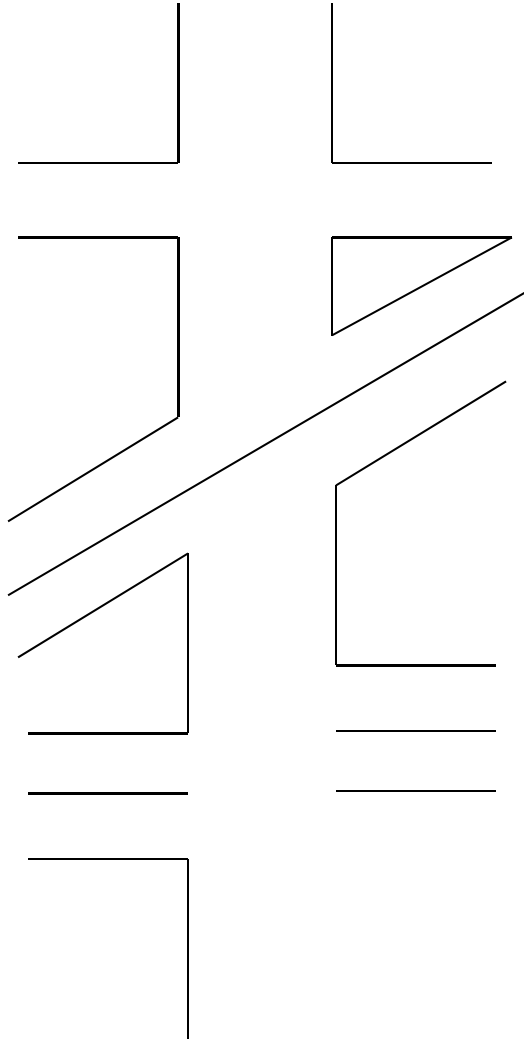
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DIAGRAM OF SCENE

(If applicable)



Indicate North by arrow

### Liability Coverage

This vehicle is owned by a public entity and is self-insured through the membership in a joint powers insurance authority pursuant to the California Government Code and Vehicle Code Section 16020(b)(4).



**BUTTE SCHOOLS**  
SELF-FUNDED PROGRAMS

500 Cohasset Road Erik J. Knak  
Suite 24 Claims Administrator  
Chico, CA 95926 Voice: 530-247-1049  
Voice: 530-879-7438 ejknak@jett.net

## Report of Automobile Accident

### Do...

- ✓ Introduce yourself by name and title
- ✓ Offer to get aid – police, paramedics, relative
- ✓ Set out flares and other warning devices
- ✓ Obtain statements from involved parties as to how accident happened
- ✓ Obtain names of any possible witnesses
- ✓ Identify workers in area by company, address, etc.
- ✓ Determine the weather conditions
- ✓ Obtain name, address, telephone number, and age of injured
- ✓ If possible, note if alcohol/drugs were involved
- ✓ If possible, take photos
- ✓ practical and give to your supervisor *immediately*

### Don't...

- ✗ **Do not** admit that the school district is responsible or admit to any liability
- ✗ **Do not** move an injured party unless it is for their protection
- ✗ **Do not** leave injured alone; wait for help to arrive
- ✗ **Do not** give a statement to *anyone* other than law enforcement
- ✗ **Do not** discuss the accident with any bystanders
- ✗ **Do not** say the school district will pay for medical or any other expenses; "I'm sorry, I don't know."
- ✗ **Do not** refer to a specific physician or hospital
- ✗ **Do not** discuss the accident with anyone from the press

## District

School District: \_\_\_\_\_

Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

Law Enforcement Agency Called:

\_\_\_\_\_

## Other Party

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Automobile Year and Make: \_\_\_\_\_

Automobile License: \_\_\_\_\_

Area of Damage: \_\_\_\_\_

\_\_\_\_\_

Prior Damage: \_\_\_\_\_

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Number of Passengers: \_\_\_\_\_

## Injured

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

## Witnesses

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_