

DISTRICT VEHICLE

Driver _____

License # _____

Vehicle Year and Make _____

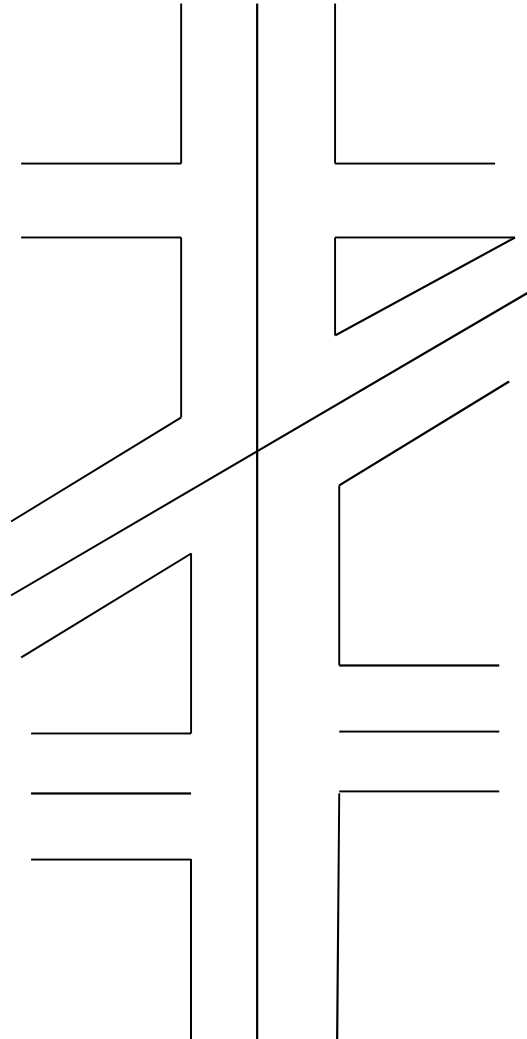
Vehicle License # _____

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, Suite 24
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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
- ✓ Fill out as much of the vehicle accident report as 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: _____