

District Vehicle

Driver _____

License # _____

Vehicle Year & Make _____

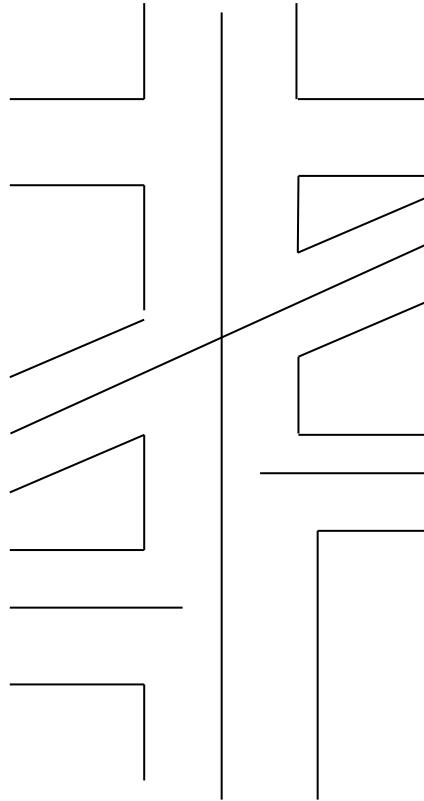
Vehicle License # _____

Area of Damage _____

Describe How Accident Occurred

**Diagram & Miscellaneous
(If Necessary)**

Indicate on this diagram what happened:
(Indicate North by Arrow)



Schools Insurance Group
Liability Claims Administrators
P. O. Box 1900
Grass Valley, CA 95945
530.802.8179

School District:

Report of Accident

1. Stop at once.
2. Provide assistance to any injured party.
3. Contact the local police authority.
4. Phone your supervisor if there is personal injury or extensive property damage.
5. Do not discuss the accident with anyone other than the police authority, your employer or a representative of SIG.
6. Complete this report as soon as possible.

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.



Insurance Services | Risk Management | Employee Benefits

P.O. Box 1900, Grass Valley, CA 95945
CA License 0329598
www.wsandco.com

School District _____

Accident Date _____ Time _____

Location _____

Police Agency Called _____

Other Party

Name _____

Address _____

Phone: Home _____

Work _____

Driver's Lic.# _____

Automobile Year & Make _____

License Number _____

Area of Damage _____

Prior Damage _____

Insurance Company _____

Address _____

Telephone Number _____

Number of Passengers _____

Injured

Name _____ Age _____

Address _____

Phone: Home _____

Work _____

Nature of Injury _____

Name _____ Age _____

Address _____

Phone: Home _____

Work _____

Nature of Injury _____

Name _____ Age _____

Address _____

Phone: Home _____

Work _____

Nature of Injury _____

Name _____ Age _____

Address _____

Phone: Home _____

Work _____

Nature of Injury _____

Witnesses

Name _____

Address _____

Phone: Home _____

Work _____

Name _____

Address _____

Phone: Home _____

Work _____

Name _____

Address _____

Phone: Home _____

Work _____

Name _____

Address _____

Phone: Home _____

Work _____