DISTRICT VEHICLE

_____
Driver

_____
Driver's License Number

_____
Vehicle Year, Make and Model

_____
Vehicle License Plate

_____
Area of Damage

Fully Explain How Accident Occurred

_____
_____
_____
_____
_____
_____
_____

_____
Driver Signature

_____
Supervisor Signature

School District_____

Address_____

Phone Number (_____)_____

Date of Collision _____

Location of Collision _____

Police Agency Called _____

Police Report # _____

Violations/Citations _____

DIAGRAM

LIABILITY COVERAGE

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

Revision Date: 06/16/2026

Vehicle Collision Report

CALIFORNIA SCHOOLS RISK MANAGEMENT

- Stop at once and warn other motorists by using car lights, flares, or a flashlight.
- Call the police. Summon an ambulance for injuries.
- Obtain the name, address and phone # of all persons in the other vehicle(s).
- IMPORTANT - Obtain names, addresses and phone #s of all witnesses.
- Obtain the license number and state of registration of the other vehicle(s).
- Take pictures of all vehicles involved from different angles.
- Notify your supervisor of the collision immediately.
- Do not discuss the accident with anyone other than the police authority, your employer, or supervisor.
- COMPLETE THIS REPORT IMMEDIATELY and submit to Carl Warren and District office.
- DO NOT ADMIT RESPONSIBILITY, but do give the other party your name and address.

OTHER PARTY

Name

Address

City State Zip

Home Phone Work Phone

Driver's License

Automobile Year, Make and Model

License Plate

Area of Damage

Prior Damage

Number of Passengers

Insurance Company

Address

City State Zip

Phone Number

INJURED

Name

Address

City State Zip

Home Phone Work Phone

Nature of Injury Reported at Time of Accident

☐ District Automobile ☐ Other Automobile ☐ Pedestrian

Name

Address

City State Zip

Home Phone Work Phone

Nature of Injury Reported at Time of Accident

☐ District Automobile ☐ Other Automobile ☐ Pedestrian

Name

Address

City State Zip

Home Phone Work Phone

Nature of Injury Reported at Time of Accident

☐ District Automobile ☐ Other Automobile ☐ Pedestrian

WITNESSES

Name

Address

City State Zip

Home Phone Work Phone

Name

Address

City State Zip

Home Phone Work Phone

Name

Address

City State Zip

Home Phone Work Phone