

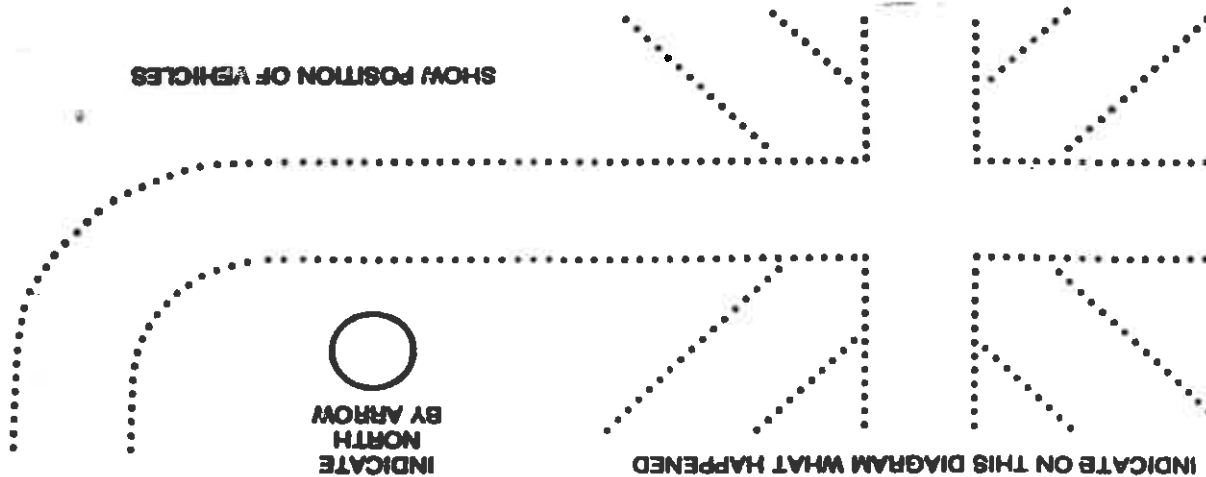
**DISTRICT VEHICLE**

DRIVER \_\_\_\_\_  
LICENSE # \_\_\_\_\_  
VEHICLE YR. & MAKE \_\_\_\_\_  
VEHICLE LICENSE # \_\_\_\_\_  
VEHICLE # \_\_\_\_\_  
AREA OF DAMAGE \_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE HOW ACCIDENT OCCURRED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIAGRAM OR ADDITIONAL NOTES:**



**ACCIDENT  
REPORT FORM**

Submit To  
Orange County Department of Education  
Attn: Risk Management Office  
200 Kalmus Drive  
Costa Mesa, CA 92626  
Telephone: (714) 966-4059

This vehicle is owned/leased by  
**Orange County Department of Education**  
a public entity, as defined in Section 811.2 of the  
Government Code and is permissibly self-insured  
through the Alliance of Schools for Cooperative  
Insurance Programs (ASCIP, a Joint Powers  
Authority. Pursuant to Section 16020(b)(2) and (b)(4)  
of the California Vehicle Code (CVC), evidence of  
financial responsibility is established through public  
agency status and qualification as a self-insurer.

SCHOOL DISTRICT \_\_\_\_\_  
ACCIDENT DATE \_\_\_\_\_ TIME \_\_\_\_\_  
LOCATION \_\_\_\_\_  
POLICE AGENCY CALLED \_\_\_\_\_  
TIME NOTIFIED \_\_\_\_\_

OTHER PARTY  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_  
DRIVER'S LIC. # \_\_\_\_\_  
VEHICLE YR. & MAKE \_\_\_\_\_  
LICENSE NUMBER \_\_\_\_\_  
AREA OF DAMAGE \_\_\_\_\_  
PRIOR DAMAGE \_\_\_\_\_

OTHER PARTY'S  
INSURANCE INFORMATION  
INSURANCE COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

TOTAL # INDIVIDUALS INJURED \_\_\_\_\_  
INJURED PARTY #1:  
NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_  
WHICH VEHICLE: [ ] DISTRICT [ ] OTHER

INJURED PARTY #2:  
NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_  
WHICH VEHICLE: [ ] DISTRICT [ ] OTHER

INJURED PARTY #3:  
NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_  
WHICH VEHICLE: [ ] DISTRICT [ ] OTHER

WITNESS #1:  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_

WITNESS #2:  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_

WITNESS #3:  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_

ADDITIONAL INFORMATION  
OFFICER NAME \_\_\_\_\_  
REPORT # \_\_\_\_\_

*If necessary, list additional injured parties  
on reverse side or attach additional sheet*

*If necessary, list additional witnesses  
on reverse side or attach additional sheet*