

District Vehicle

Driver: _____

License #: _____

Vehicle Year & Make: _____

Vehicle License #: _____

Area of Damage: _____

Describe How Accident Occurred

Diagram & Miscellaneous
(If Necessary)

If you are involved in an accident

1. Call an ambulance for anyone seriously injured.
2. Secure names and addresses of all persons in the other vehicle.
3. Be sure to obtain names and addresses of all witnesses.
4. Obtain license number and State of registration of adverse vehicle.
5. Do not admit responsibility.

San Mateo County Community College District

3401 CSM Drive
San Mateo, CA 94402

(650) 358-6786

Report of District Vehicle 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 an insurance administrator.
6. Complete this report as soon as possible and submit to the Executive Vice Chancellor's Office.

LIABILITY COVERAGE

THIS VEHICLE IS OWNED BY A PUBLIC ENTITY AND IS SELF-INSURED. PURSUANT TO THE CALIFORNIA GOVERNMENT CODE, SECTION 16020 (B) (4) OF THE CALIFORNIA VEHICLE CODE SPECIFICALLY EXEMPT PUBLIC ENTITIES FROM HAVING TO PROVIDE PROOF OF FINANCIAL RESPONSIBILITY.

San Mateo County Community College District

Injured

Witness

Accident Date: _____ Time: _____

Location: _____

Police Agency Called: _____

Police Report Number: _____

Other Party

Name: _____

Address: _____

Phone: Home: _____

Work: _____

Driver's Lic#: _____

Auto Year & Make: _____

Plate Number: _____

Area of Damage: _____

Prior Damage: _____

Insurance Company: _____

Policy #: _____

Tel Number: _____

Number of Passengers: _____

Name: _____

Address: _____

Phone: Home: _____

Work: _____

Nature of Injury: _____

Name: _____

Address: _____

Phone: Home: _____

Work: _____

Nature of Injury: _____

Name: _____

Address: _____

Phone: Home: _____

Work: _____

Nature of Injury: _____

Name: _____

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