

**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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

**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 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.