



# AUTOMOBILE ACCIDENT REPORT

(To Be Completed By District Employees ONLY)

**Coverage/Limits:** Comprehensive Deductible \$100.00 If Damage to district vehicle exceeds deductible – NO repairs are to be made without notifying SIA  
Collision Deductible \$500.00

**District Employee:** Twin Rivers Unified School District Name of Department \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

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

**District vehicle:** Make of vehicle \_\_\_\_\_ Model of Vehicle \_\_\_\_\_ Year: \_\_\_\_\_

License Plate: \_\_\_\_\_ Vehicle # \_\_\_\_\_ Current location: \_\_\_\_\_

Damage to Vehicle \_\_\_\_\_

Estimated damage amount \$ \_\_\_\_\_ An estimate has been completed? *Yes / No If yes, please attach a copy.*

Contact person for Inspection \_\_\_\_\_ Phone number \_\_\_\_\_

Location of damage on vehicle \_\_\_\_\_

**Accident Details:** Date of accident \_\_\_\_\_ Time of Accident \_\_\_\_:\_\_\_\_ am / pm

Street location \_\_\_\_\_ City/town \_\_\_\_\_

**Police/Fire Notified:** (Circle) CHP - Sheriff - Police - Fire - Paramedics

Officer Badge # \_\_\_\_\_ Report Number \_\_\_\_\_

### Other Vehicle/ Property Damaged

Driver Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ # of Occupants in Vehicle \_\_\_\_\_

Insurance Carrier Information: \_\_\_\_\_ Policy # \_\_\_\_\_

Vehicle License Plate \_\_\_\_\_ Year / Make / Model of Vehicle: \_\_\_\_\_

Damaged Area \_\_\_\_\_

### Injured person

Name: \_\_\_\_\_ Approx. Age: \_\_\_\_\_

Was a passenger in the  District or  Other party's vehicle? Nature of Injury: \_\_\_\_\_

PLEASE COMPLETE BACK OF FORM

**FULL DETAILS of Accident:**

State in your own words how the accident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who in your opinion was at fault? \_\_\_\_\_  
Why? \_\_\_\_\_  
\_\_\_\_\_

**DIAGRAM**

**Witnesses:**

Name: _____	Name: _____
Phone: _____	Phone Number: _____
Address: _____	Address: _____
_____	_____
Name: _____	Name: _____
Phone: _____	Phone Number: _____
Address: _____	Address: _____
_____	_____

*I Hereby Certify That the Foregoing is True to the Best of My Knowledge.*

Signature of District Driver \_\_\_\_\_ Date \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PRESENTATION OF A FALSE CLAIM IS A FELONY**