

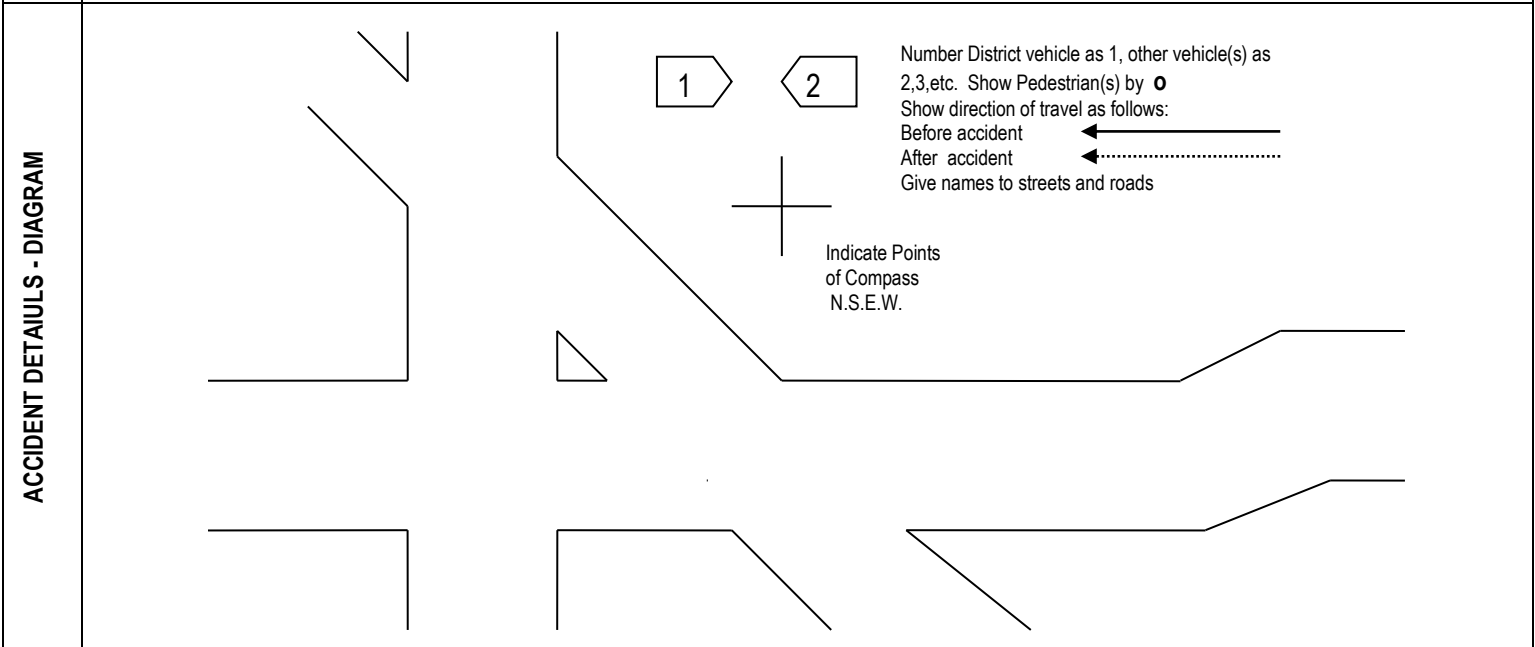
VEHICLE ACCIDENT REPORT		SELF-INSURED SCHOOLS OF CALIFORNIA (SISC II) **CONFIDENTIAL INFORMATION** DO NOT RELEASE TO OTHER PARTIES		ORIGINAL TO: COPY TO:	DISTRICT OFFICE SISC II PO BOX 1847 BAKERSFIELD CA 93303-1847	
DISTRICT VEHICLE AND DRIVER	DRIVER'S NAME	DOB/AGE	JOB TITLE			
	DRIVER'S LICENSE NO.	ACCIDENT DATE	HOME ADDRESS			
	DESCRIBE DAMAGE TO VEHICLE	HOME PHONE				
		BUSINESS PHONE				
	SCHOOL DISTRICT/OWNER		DISTRICT VEHICLE NO.			
	MANDATORY INFORMATION: VEHICLE LICENSE NO., YEAR, MAKE, MODEL, VIN #		ADDRESS, CITY, STATE			
	WAS VEHICLE BEING USED ON OFFICIAL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, attach explanation)					
ACCIDENT DETAILS	ACCIDENT LOCATION (Address/Area)		ROAD CONDITIONS			
			WEATHER CONDITIONS			
	CITY/STATE		TRAFFIC CONDITIONS			
	COUNTY	HOW FAST WERE YOU DRIVING?	ESTIMATED SPEED OF OTHER VEHICLE			
	POLICE REPORT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME & ADDRESS OF INVESTIGATING AGENCY				
	AGENCY: <input type="checkbox"/> CHP <input type="checkbox"/> PD <input type="checkbox"/> OTHER	OFFICER'S NAME & BADGE NO:				
OTHER VEHICLE	DRIVER'S NAME	DOB/AGE	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL		
	DRIVER'S LICENSE NO.	HOME PHONE	WORK PHONE	REGISTERED OWNER		
	DRIVER'S ADDRESS, CITY, ST, ZIP	OWNER'S ADDRESS, CITY, ST, ZIP		HOME PHONE NO.		
				WORK PHONE NO.		
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME & ADDRESS OF OTHER PARTY'S INSURANCE		
INJURED	NAME	PHONE	ADDRESS, CITY, ST, ZIP			
WITNESS	NAME	PHONE	ADDRESS, CITY, ST, ZIP			
PASSENGERS	NAME	PHONE	ADDRESS, CITY, ST, ZIP			

DO NOT RELEASE TO OTHER PARTIES

ACCIDENT DETAILS - DESCRIPTION

FULLY STATE HOW ACCIDENT OCCURRED (Give details, attach additional sheets if necessary)

Date of Accident: _____



ADDITIONAL VEHICLES/PASSENGER(S)

DRIVER'S NAME	AGE/DOB	VEHICLE LIC. NO.	VEHICLE YEAR, MAKE, MODEL
DRIVER'S LICENSE NO.	HOME/BUSINESS TEL. NO.	REGISTERED OWNER	
ADDRESS, CITY, STATE, ZIP		REGISTERED OWNER ADDRESS, CITY, STATE, ZIP	
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY		HOME/BUSINESS TEL. NO.	
		NAME & ADDRESS OF OTHER PARTY'S INSURANCE	
NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO.	
NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO.	
NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO.	
NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO.	

Statement:

The answers in this report contain a true full account of the accident.

Employee Signature

Date

Reviewing Supervisor Signature

Date