

**District Vehicle**

Driver \_\_\_\_\_

License # \_\_\_\_\_

Vehicle Year & Make \_\_\_\_\_

Vehicle License # \_\_\_\_\_

Area of Damage \_\_\_\_\_

\_\_\_\_\_

**Describe How Accident Occurred**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

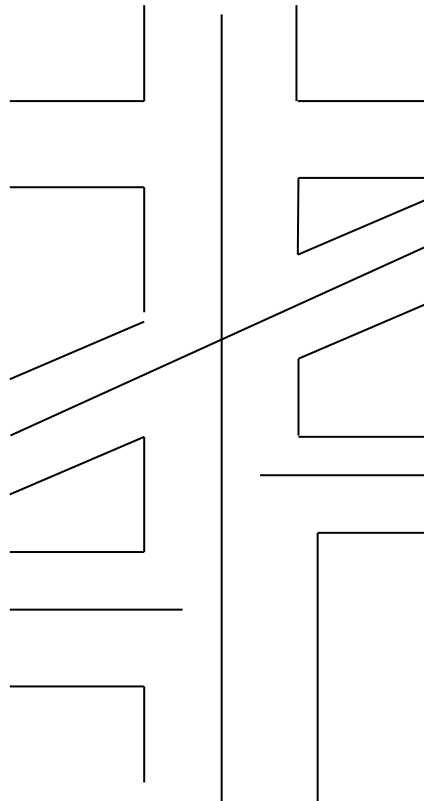
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Diagram & Miscellaneous  
(If Necessary)**

Indicate on this diagram what happened:  
**(Indicate North by Arrow)**



Insurance Services | Risk Management | Employee Benefits

P.O. Box 1900, Grass Valley, CA 95945  
CA License 0329598  
[www.wsandco.com](http://www.wsandco.com)



Tri-County Schools Insurance Group  
Liability Claims Administrators  
P. O. Box 1900  
Grass Valley, CA 95945  
530.802.8179

**School District:**

**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 a representative of TCSIG.
6. Complete this report as soon as possible.

**Liability Coverage**

This vehicle is owned by a public entity and is self-insured through the membership in a joint powers insurance authority pursuant to the California government code.

School District \_\_\_\_\_

Accident Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Police Agency Called \_\_\_\_\_

**Other Party**

**Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Work \_\_\_\_\_

Driver's Lic.# \_\_\_\_\_

Automobile Year & Make \_\_\_\_\_

License Number \_\_\_\_\_

Area of Damage \_\_\_\_\_

Prior Damage \_\_\_\_\_

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Number of Passengers \_\_\_\_\_

**Injured**

**Name** \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Work \_\_\_\_\_

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

**Name** \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Work \_\_\_\_\_

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

**Name** \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Work \_\_\_\_\_

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

**Name** \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Work \_\_\_\_\_

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

**Witnesses**

**Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Work \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Work \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Work \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Work \_\_\_\_\_