

DISTRICT VEHICLE

DIAGRAM & MISCELLANEOUS (IF NECESSARY)

Driver _____

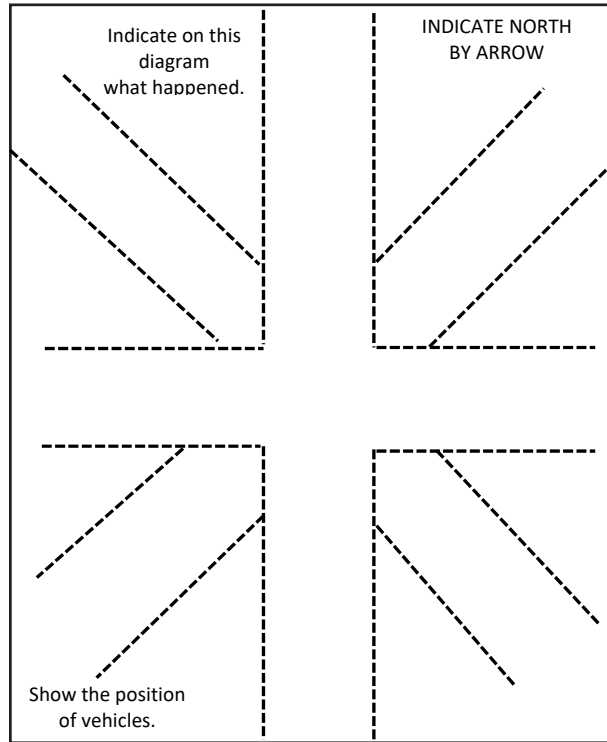
Driver's License Number _____

Vehicle Year, Make and Model _____

Vehicle License Plate _____

Area of Damage _____

Describe How Accident Occurred



_____ District

_____ Accident Date Time

_____ Location

_____ Police Agency Called

ACCIDENT REPORT

- Stop at once
- Call an ambulance for anyone seriously injured
- Contact the local police authority
- Obtain the name, address and phone # of all persons in the other vehicle(s)
- Obtain the name, address and phone # of all witnesses
- Obtain the license number and state of registration of the other vehicle(s)
- Phone your supervisor if there is personal injury or extensive property damage
- Do not discuss the accident with anyone other than the police authority, your employer or a representative of Keenan & Associates
- Complete this report as soon as possible and submit to the District office
- **DO NOT ADMIT RESPONSIBILITY**

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. Section 16020 (B) (4) of the California Vehicle Code specifically exempts public entities from having to provide proof of financial responsibility.

OTHER PARTY**INJURED****WITNESSES**

Name

Address

City

State

Zip

Home Phone

Work Phone

Driver's License

Automobile Year, Make and Model

License Plate

Area of Damage

Prior Damage

Number of Passengers

Insurance Company

Address

City

State

Zip

Phone Number

Name

Address

City

State

Zip

Home Phone

Work Phone

Nature of Injury Reported at Time of Accident

Name

Address

City

State

Zip

Home Phone

Work Phone

Nature of Injury Reported at Time of Accident

Name

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