

REPORT OF ACCIDENT

IF AN ACCIDENT HAS OCCURED:

1. **STOP** at once.
2. Call **911, USING YOUR GOOD JUDGEMENT.**
3. If necessary contact local police, unless 911 has been called.
4. Obtain name, address, & phone #'s of all personal in the other vehicle.
5. Obtain license number and state registration of the other vehicle(s).
6. Phone:
Cory Fox, cell (530) 736-0068 OR
(530) 528-7316 Bus Barn
Greg Ross, cell (530) 838-8883 OR
(530) 528-7320 TCDE OR
Wes Grossman (530) 528-7307
7. As the driver of the vehicle it is your responsibility to complete the Report of Accident. Immediately upon your return to the County Office, email this form and all pictures to
Cory Fox cfox@tehamaschools.org,
Greg Ross gross@tehamaschools.org
Roberta Wright
rwright@tehamaschools.org
This is for insurance purposes!
8. Do not discuss the accident with anyone other than the police, your supervisor, or a representative of Schools Insurance Group.
9. **DO NOT ADMIT RESPONSIBILITY.**



TAKE PICTURES

Vehicle #: _____

Driver: _____

License: _____

Vehicle Year: _____

Vehicle Make: _____

Vehicle License #: _____

Damage: _____

Accident date: _____

Time: _____ AM / PM

Location: _____

Police Dept. Called: _____

Police Phone #: _____

Responding Officer: _____

Report #: _____

DESCRIBE HOW THE ACCIDENT OCCURRED

OTHER PARTY

Name: _____

Address: _____

Phone: Work/Home/Cell

Driver's License State: _____

Driver's License #: _____

Auto yr & make: _____

License Number: _____

Area of damage: _____

Insurance company: _____

Address: _____

Phone: _____

Passengers: _____

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.

INJURED PARTIES

Name: _____

Address: _____

Phone: Work/Home/Cell

Nature of injury: _____

Name: _____

Address: _____

Phone: Work/Home/Cell

Nature of injury: _____

Name: _____

Address: _____

Phone: Work/Home/Cell

Nature of injury: _____

Name: _____

Address: _____

Phone: Work/Home/Cell

Nature of injury: _____

Please return completed form and pictures to
Business Services.

WITNESSES AND NOTES

Name: _____

Address: _____

Phone: Work/Home/Cell

Notes: _____

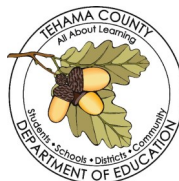
Name: _____

Address: _____

Phone: Work/Home/Cell

Notes: _____

Notes: _____



TEHAMA COUNTY DEPARTMENT OF EDUCATION
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TAKE PICTURES

INDICATE ON THIS DIAGRAM WHAT HAPPENED

