

Diagram & Miscellaneous
(If Necessary)

Describe How Accident Occurred



REPORT OF ACCIDENT

1. Stop at once.
2. Provide assistance to any injured party.
3. Contact the local police authority/claims Administrator Hazelrigg Claims Management Services
4. Phone your supervisor.
5. Do not discuss the accident with anyone other than the police authority, your employer, Alliant Insurance Services, or Hazelrigg Claims Management Services
6. Complete this report as soon as possible.

Insurance Identification Card

Insured: West San Gabriel JPA

Effective Date: 07/01/20 TO 07/01/21

In the event of an accident, please contact:

Hazelrigg Claims Management Services

Keyan "Yani" Aghili

PO BOX 880

Chino Hills, CA 91709

(909) 259-9948

and

Local Police Authority

LIABILITY COVERAGE

THIS VEHICLE IS OWNED BY A PUBLIC ENTITY AND IS SELF-INSURED THROUGH THE MEMBERSHIP IN A JOINT POWERS AUTHORITY PURSUANT TO THE CALIFORNIA GOVERNMENT CODE.

School District: _____

S.D. Driver Name: _____

Accident Date: _____ Time: _____

Location: _____

Police Agency Called: _____

OTHER PARTY

Name: _____

Address: _____

Phone: Home: _____

Work: _____

Driver's Lic. #: _____

Automobile Year, Make, & Model: _____

License Number: _____

Area of Damage: _____

Prior Damage: _____

Insurance Company: _____

Address: _____

Telephone Number: _____

Number of Passengers: _____

INJURED

Name: _____

Address: _____

Phone: Home: _____

Work: _____

Nature of Injury: _____

Name: _____

Address: _____

Phone: Home: _____

Work: _____

Nature of Injury: _____

Name: _____

Address: _____

Phone: Home: _____

Work: _____

Nature of Injury: _____

Name: _____

Address: _____

Phone: Home: _____

Work: _____

Nature of Injury: _____

Name: _____

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: _____

Name: _____

Address: _____

Phone: Home: _____

Work: _____