
What to do if you have a vehicle accident

- 1. Stop immediately.**
- 2. Offer assistance to anyone who is injured.**
- 3. Notify law enforcement authorities in all injury accidents, or as required by law.**
- 4. Fill out this form promptly and as completely as possible and return it to your supervisor.**
- 5. Do not discuss accident with anyone except law enforcement authorities and insurance representatives of the school district.**

NAME OF SCHOOL DISTRICT _____ POLICY NO. _____
NAME OF SCHOOL _____
ADDRESS OF SCHOOL _____
DATE PREPARED _____
PREPARED BY _____

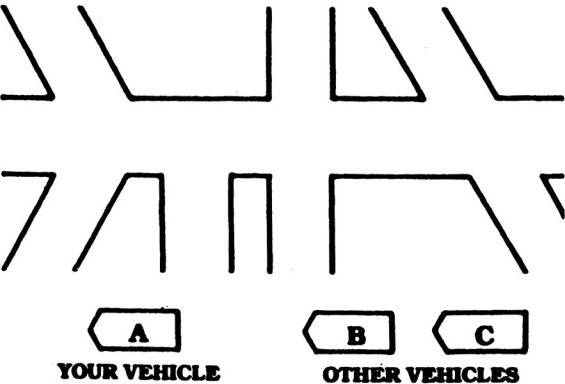
Description of Accident

Date _____ Time _____
Place _____
Describe what happened _____

Speed of your vehicle before accident _____
Speed of other vehicle(s) before accident _____
Did either driver signal? _____
If so, which one? _____
What kind of signal? _____
What kind of traffic controls? _____

Weather _____
Visibility _____
Kind of pavement and condition _____
Who was a fault? _____
Why? _____

**USE DIAGRAM — SHOW VEHICLES
WRITE IN STREET OR HIGHWAY
NAMES OR NUMBERS**



Show pedestrian and path as : _____○
Indicate north by arrow as: ↗

Police

Police called to scene? _____
Name and address of police _____

Name of any driver charged with traffic violation? _____

Nature of violation _____

Other Vehicle

Owner _____

Address _____

Make and Year _____

License Plate No. _____

Driver _____

Address _____

Telephone No. _____

Age _____ DOB: _____

Driver License No. _____

Damaged parts _____

_____ Est. Damage \$ _____

Insurance Company _____

Policy # _____

Passengers (Names and Addresses) _____

Other Property Damage

Owner _____

Address _____

Describe Damage _____

_____ Est. Damage \$ _____

Injured

Name _____

☐ Driver ☐ Passenger ☐ Pedestrian

Address _____

Telephone No. _____

Age _____

Nature of Injury _____

Where treated? _____

Name _____

☐ Driver ☐ Passenger ☐ Pedestrian

Address _____

Telephone No. _____

Age _____

Nature of Injury _____

Where treated? _____

Name _____

☐ Driver ☐ Passenger ☐ Pedestrian

Address _____

Telephone No. _____

Age _____

Nature of Injury _____

Where treated? _____

Witnesses

Name _____

Address _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____

Name _____

Address _____

Telephone No. _____

Your Vehicle

Make and year _____

License Plate No. _____

Driven by _____

Address _____

Telephone No. _____

Age _____

Driver License No. _____

Damaged parts _____

_____ Est. Damage \$ _____

Passengers (Names and Addresses) _____

Trip Started at _____ **AM**
PM

On (date) _____

Trip Started from (Location) _____

Trip Destination _____

Purpose of Trip _____

**REPORT ACCIDENT AS SOON
AS POSSIBLE TO:**

**San Diego County Schools
Risk Management JPA
6401 Linda Vista Rd., Room 505
San Diego, California 92111
858-569-5340**

