Page 2400 INDEX

This chapter provides guidelines for statewide insurance and bond policies. It identifies the methods for reporting accidents and the policies regarding tort liability.

GENERAL POLICY	**2400**
AIR TRAVEL INSURANCE	**2410**
MOTOR VEHICLE LIABILITY SELF-INSURANCE PROGRAM	**2420**
MOTOR VEHICLE ACCIDENTS AND REPORTING	**2430**
SUPERVISOR'S REVIEW AND POLICE REPORTS	**2440**
REPORTING AND INVESTIGATING ACCIDENTS/INCIDENTS INVOLVING STATE EMPLOYEES OR STATE PROPERTY	**2455**
ACCIDENTS NOT TO BE REPORTED ON ACCIDENT REPORT, STD. 268	**2460.1**
RECEIPT OF LEGAL PAPERS	**2461**
COOPERATION WITH THE ATTORNEY GENERAL'S OFFICE	**2462**
INQUIRIES FOR FILING CLAIMS AGAINST THE STATE OF CALIFORNIA	**2464**
REPORTING REQUIREMENTS	**2482**

APPENDICES

FORMS: **Accident Identification Card, STD. 268**	**A-1**
Reporting Automobile Accidents STD. 269	**A-2**
Vehicle Accident Report STD. 270	**A-3**

GENERAL POLICY 2400

(Reviewed 3/14)

The Office of Risk and Insurance Management (ORIM), Department of General Services, is available to consult on risk and insurance management issues. Additionally, ORIM has responsibility for most of the state's insurance and safety programs.

AIR TRAVEL INSURANCE 2410

(Revised 3/14)

State agencies may insure their officers and employees against injury or death from aircraft accidents while flying on state business in all but regularly scheduled passenger aircraft. See CalHR Rule 599.628(d) for qualifications. Agencies in need of this coverage should inform ORIM in writing the number of employee passengers and employee pilots separated between represented and nonrepresented employees.

MOTOR VEHICLE LIABILITY SELF-INSURANCE PROGRAM 2420

(Revised 3/14)

The ORIM administers the State Motor Vehicle Liability Self-Insurance Program (VELSIP), which provides unlimited self-insured liability coverage for the state, agencies, and employees who operate covered self-propelled land vehicles on state business (California Vehicle Code Sections 17000 and 17001). Effective January 1, 2004, liability coverage is limited to $1 million per occurrence/accident when the state vehicle is operated by a non-salaried employee (i.e. student assistant, volunteer, etc.) on state business. The driver's employing department/agency will be financially responsible for the payment of any claims, settlements, judgments or verdicts in excess of $1 million. With the exception of peace officers as defined in Insurance Code Section 557.5, the VELSIP provides excess liability coverage for state employees on state business while driving non-state vehicles, but only after the vehicle owner's liability policy limits have been paid. The VELSIP does not provide coverage for injury to state employees nor for damage to state vehicles. Employee injuries are handled through Workers' Compensation coverage. Damage to state vehicles are handled through the budget of the owning state agency.

MOTOR VEHICLE ACCIDENTS AND REPORTING 2430

(Revised 03/14)

If involved in a motor vehicle accident while on state business, state employee drivers **must report the accident within 48 hours** (regardless of the ownership of the vehicle) on a Vehicle Accident Report form, STD. 270, to the:

Office of Risk and Insurance Management (ORIM)
707 Third Street, First Floor
West Sacramento, CA 95605
P (916) 376-5300.
F (916) 376-5277
Claims@dgs.ca.gov

Should the accident result in **bodily injury** to anyone **other than** the state employee, the accident must be **immediately** reported to the ORIM by telephone or an advance faxed or email copy of STD. 270. On weekends, call (916) 376-5300, to leave a Voice Mail.

An Accident Identification card, STD. 269, should be carried in the glove compartment of all state vehicles. This card should be completed and the tear-off portion given to the other party. The card provides a convenient place to write down pertinent information while still at the accident scene. This information should be transferred to the STD. 270 and sent to ORIM.

For reporting purposes,

An **accident** is defined as one that involves a state-owned vehicle (or a non-state-owned vehicle operated by a state employee on state business) where there is damage caused to **another** person or property.

An **incident** involves **only** a state-owned vehicle where the damage, **regardless** of the amount, is limited **just** to the state vehicle which was **stationary** at the time the damage occurred. **Incidents** should **not** be reported to ORIM.

State employees should not discuss the accident with anyone other than the police, their supervisors, ORIM Claims Unit, or the independent adjusting company under contract with ORIM. If contacted by the other party, their attorney or insurance company, the state employee should refer the party or correspondence to ORIM Claims Unit. Under no circumstances should the state employee driver give either a written or recorded statement to the other party or their representatives.

If served with any post-accident legal papers, **call ORIM Claims Unit immediately.**

SUPERVISOR'S REVIEW AND POLICE REPORTS 2440

(Reviewed 3/14)

The supervisor of an employee involved in an accident must investigate the accident. This investigation will enable the supervisor to co-sign STD. 270. The supervisor is also responsible to ensure that STD. 270 is completed and promptly forwarded to ORIM.

The supervisor is also responsible to prepare Review Of State Driver Accident (Supervisor's) form, STD. 274, take any appropriate corrective action, and forward STD. 274 to both ORIM and the agency's Safety Coordinator.

If a California Highway Patrol (CHP) or other police authority accident report is needed to allow the supervisor to do the above, he or she may obtain these reports as an "interested party" and at no cost.

REPORTING AND INVESTIGATING ACCIDENTS/INCIDENTS INVOLVING STATE EMPLOYEES OR STATE PROPERTY 2455

(Reviewed 3/14)

Reporting

In the event of an accident/incident involving state employees or state property the following procedures should be followed:

1. If the accident/incident involves motor vehicles contact the local CHP office.

2. All other types of accidents/incidents:

   Report the incident to your supervisor. Departments will have written procedures to follow. Complete Accident Report (Other Than Motor Vehicle) form, STD. 268*.

*If the accident/incident involves serious injury or death, extensive personal or state property damage or a significant potential for state/public liability, the Attorney General's Office will be notified within 24 hours by contacting the Department of Justice Command Center at (916) 227-3244.

If a completed report is not immediately available, provide the following information:

1. Identify the department/agency, unit and employees involved, including all contact information;
2. Date, time, place, injuries and circumstances;
3. Names, addresses and contact information of all injured people and witness(es);
4. Name and telephone number of a departmental contact person.

Upon completion, the original report and all relevant documents will be immediately forwarded to:

Attorney General's Office
P.O. Box 944255
Sacramento, CA 94244-2550
Attn: Tort and Condemnation Section
916-324-5397

(Continued)

(Continued)
REPORTING AND INVESTIGATING ACCIDENTS/INCIDENTS INVOLVING STATE EMPLOYEES OR STATE PROPERTY **2455** (Cont. 1)
(Reviewed 3/14)

Department/agencies will have written procedures for maintaining copies of the report for their purposes/records.

Employees are instructed to not discuss or speak to any individual concerning the accident/incident other than (or with approval of) a representative of their legal office or the Office of the Attorney General.

Investigation—Complete STD. 268

Obtain all witness information.

Obtain accurate measurements or relevant dimensions.

When possible and appropriate, photographs, video recordings, diagrams will be taken immediately.

Provide the names, titles and telephone numbers of the individual preparing the report and their immediate supervisor.

Opinions and conclusions, if provided, are to be prepared on a separate attached page.

Upon completion, the original report and all relevant documents will be immediately forwarded to:

Attorney General's Office
P.O. Box 944255
Sacramento, CA 94244-2550
Attn: Tort and Condemnation Section
Telephone: (9l6) 324-5397.

Requests for Copies of Accident/Incident Reports

All departments will have written procedures to respond to requests for copies of reports. Reports will only be released through appropriately designated personnel, the department's legal office, or the Attorney General's Office.

Print Clear

STATE OF CALIFORNIA

ACCIDENT REPORT

(Other than Motor Vehicle)

STD. 268 (REV. 11/2007) Page 1 of 2

This report shall be completed and forwarded to the Attorney General's Office within 48 hours of the incident. Attach any photos or diagrams. Reports of serious injuries and/or death shall be reported to the Attorney General's Office within 24 hours of the incident.

CONFIDENTIAL
ATTORNEY/CLIENT PRIVILEGED DOCUMENT/WORK PRODUCT

This is a CONFIDENTIAL report requested by, prepared for and retained by the Attorney General's Office. Under no circumstances should this document be provided to anyone except the Attorney General's Office or their agent.

INCIDENT DATE	LOCATION *(Describe specific location on reverse)*	TIME

INJURED PARTY INFORMATION

INJURED PARTY'S NAME *(Last, First, M.I.)*	BIRTHDATE	DRIVER'S LICENSE NUMBER
INJURED PARTY'S MAILING ADDRESS *(Street, City, State, Zip)*	HOME TELEPHONE *(Area Code + No.)*	WORK TELEPHONE *(Area Code + No.)*

NATURE AND EXTENT OF APPARENT / CLAIMED INJURY *(Describe incident in detail on reverse)*

PHOTOGRAPHS TAKEN	IF YES, BY WHOM:	FIRST AID GIVEN	IF YES, BY WHOM:
☐ YES ☐ NO		☐ YES ☐ NO	

PROPERTY DAMAGE/LOSS INFORMATION

PROPERTY OWNER'S NAME *(Last, First, M.I.)*	HOME TELEPHONE *(Area Code + No.)*	WORK TELEPHONE *(Area Code + No.)*
PROPERTY OWNER'S MAILING ADDRESS *(Street, City, State, Zip)*		

NATURE AND EXTENT OF DAMAGE/LOSS *(Describe incident in detail on reverse)*

WITNESS INFORMATION

1. NAME *(Last, First, M.I.)*	WORK ADDRESS *(Street, City, State, Zip)*	WORK TELEPHONE *(Area Code + No.)*
DRIVER'S LICENSE NUMBER	HOME *(Street, City, State, Zip)*	HOME TELEPHONE *(Area Code + No.)*
2. NAME *(Last, First, M.I.)*	WORK ADDRESS *(Street, City, State, Zip)*	WORK TELEPHONE *(Area Code + No.)*
DRIVER'S LICENSE NUMBER	HOME *(Street, City, State, Zip)*	HOME TELEPHONE *(Area Code + No.)*
3. NAME *(Last, First, M.I.)*	WORK ADDRESS *(Street, City, State, Zip)*	WORK TELEPHONE *(Area Code + No.)*
DRIVER'S LICENSE NUMBER	HOME *(Street, City, State, Zip)*	HOME TELEPHONE *(Area Code + No.)*

REPORTING AGENCY NAME

REPORTING EMPLOYEE'S NAME AND TITLE *(Print or Type)*	TELEPHONE NUMBER *(Area Code + No.)*

REPORTING EMPLOYEE'S SIGNATURE

REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE *(Print or Type)*	TELEPHONE NUMBER *(Area Code + No.)*

DISTRIBUTION: ORIGINAL--ATTORNEY GENERAL'S OFFICE, TORT UNIT, P. O. BOX 944255, SACRAMENTO, CA 94244-2550 WITHIN 48 HOURS.
COPY--RETAINED BY THE LEGAL OFFICE OF THE REPORTING AGENCY/DEPARTMENT.

STATE OF CALIFORNIA

ACCIDENT REPORT

(Other than Motor Vehicle)

STD. 268 (REV. 11/2007) Page 2 of 2

USE ADDITIONAL SHEETS AS NECESSARY

DESCRIBE SPECIFIC LOCATION OF INCIDENT:

DESCRIBE THE INCIDENT IN DETAIL:

STATE OF CALIFORNIA

REPORTING AUTOMOBILE ACCIDENTS

The State administers a vehicle liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the State while operating a state-owned vehicle while on official business.

All vehicle accidents which in any way involve personal injury or property damage to others **must be reported within 48 hours** on Report of Vehicle Accident form STD. 270. The completed report must be signed by the operator and approved by his or her supervisor.

Accidents resulting in any ***injury*** to persons other than employees, or involving ***serious damage to the property*** of others, must be reported **immediately** by telephone to the Office of Risk and Insurance Management or an **advance** copy of STD. 270 may be faxed to the ORIM.

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:

a. Investigating Traffic Officers
b. Your Supervisors
c. Authorized State Officers
d. State's Insurance Adjusters

Subsequent to any accident involving a State vehicle, all communications and forms, including Summons and Complaint, must be forwarded to the Department of General Services, Office of Risk and Insurance Management, Sacramento. Transmittal letter should include date and place of service together with any other pertinent information, including name of person or agency served and date of service.

COMPLETE ENTRIES ON ACCIDENT IDENTIFICATION CARD—DETACH AND GIVE TO OTHER DRIVER

N

Indicate Points of Compass

NAME STREETS OR ROADS - SHOW TRAIN TRACKS, DIRECTION AND POSITION OF ALL VEHICLES IN ACCIDENT.

STATE VEHICLE A
OTHER VEHICLE B

DIAGRAM OF ACCIDENT

ACCIDENT DATA

HOUR AM PM	DATE	CITY	COUNTY
LOCATION (ADDRESS, INTERSECTION, ETC.)		DISTANCE FROM CURB FEET	APPROXIMATE ROAD WIDTH FEET

INVESTIGATED BY		REPORT NUMBER
☐ POLICE DEPT.	CITY OF	
☐ SHERIFF'S DEPT.	COUNTY OF	
☐ CHP	CITY	
☐ OTHER	NAME AND LOCATION	

OCCUPANTS OF OTHER VEHICLE

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

OCCUPANTS OF STATE VEHICLE

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

STATE OF CALIFORNIA - DGS ORIM

ACCIDENT IDENTIFICATION

STD. 269 (REV. 9/2013)

IMPORTANT

Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.

DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

DEPARTMENT EMPLOYED BY

DATE AND LOCATION OF ACCIDENT

YEAR AND MAKE OF STATE VEHICLE

LICENSE NUMBER OF STATE VEHICLE

E

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO:

OFFICE OF RISK AND INSURANCE MANAGEMENT
DEPARTMENT OF GENERAL SERVICES
707 THIRD STREET, FIRST FLOOR
WEST SACRAMENTO, CA 95605 (916) 376-5300
Internet: claims@dgs.ca.gov 1-800-900-3634 Toll Free

IMPORTANT

ASK NAMES AND ADDRESSES OF WITNESSES FIRST

1	NAME	
	ADDRESS	PHONE
	NAME	
2	ADDRESS	PHONE
	NAME	
3	ADDRESS	PHONE

INJURED PERSONS

NAME		AGE
ADDRESS		PHONE
HOSPITAL TAKEN TO		
NAME		AGE
ADDRESS		PHONE
HOSPITAL TAKEN TO		

OTHER VEHICLES

LICENSE	YEAR	MAKE
REGISTERED OWNER		
ADDRESS		CITY
DRIVER'S NAME		
ADDRESS		CITY
OPERATOR'S LICENSE NUMBER		EXPIRATION DATE

(OVER)

NOTE: This accident identification card (on reverse) should be filled out, detached and given to other driver.

EVIDENCE OF FINANCIAL RESPONSIBILITY

This vehicle is owned or leased by the State of California, a public entity, and operated by employees or agents of the State. California Vehicle Code Sections 16000, 16020, 16021 et seq. state that ownership or lease of a vehicle by a public entity establishes evidence of financial responsibility.

REPORTING OF CLAIMS

In case of accident resulting in **injury** to persons (other than employees), or involving **serious damage** to the property of others, call the Office of Risk and Insurance Management **IMMEDIATELY** (or FAX an advance copy of STD. 270, Vehicle Accident Report, to):

OFFICE OF RISK AND INSURANCE MANAGEMENT
(916) 376-5300/5302 (CALNET: 480-5300/5302) or
1-800-900-3634 TOLL FREE
FAX (916) 376-5277

On weekends or holidays, leave a Voice Mail message (which will be returned on the next business day).

Print Clear

STATE OF CALIFORNIA - DGS ORIM

VEHICLE ACCIDENT REPORT

STD. 270 (REV. 2/2002c)

ACCIDENT PREVIOUSLY REPORTED TO ORIM? *(If Yes, give date)* ☐ YES ☐ NO _____

THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT (ACCIDENTS INVOLVING INJURY SHOULD FIRST BE CALLED OR FAXED TO ORIM AT (916) 376-5302 - CALNET 480-5302 - FAX (916) 376-5277.)

**** CONFIDENTIAL INFORMATION ****

DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE OFFICE OF RISK AND INSURANCE MANAGEMENT

DISTRIBUTION: ORIGINAL - **OFFICE OF RISK AND INSURANCE MANAGEMENT 707 THIRD STREET, FIRST FLOOR WEST SACRAMENTO, CA 95605**
COPY - **STATE GARAGE** *(DGS pool vehicle only)*
COPY - **DEPT. FILES** *(Dept. owned vehicles only)*
COPY - **STATE DRIVER** *(Dept. owned vehicles only)*

Page of

STATE DRIVER

NAME	AGE	EMPLOYING DEPARTMENT	AGENCY BILLING CODE
DRIVER'S LICENSE NO. / ACCIDENT DATE	TIME	OFFICE ADDRESS	AGENCY DOCUMENT NO. *(Optional)*
WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? *(If NO, attach explanation)* ☐ YES ☐ NO			
DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING *Month/Year* ☐ NOT TAKEN		JOB TITLE	BUSINESS TELEPHONE

STATE VEHICLE

VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL	VEHICLE OWNER ☐ DEPARTMENT OWNED ☐ DGS POOL ☐ RENTAL ☐ EMPLOYEE OWNED	DEPT. VEHICLE NO. (Optional)
DESCRIBE DAMAGES TO STATE VEHICLE	ESTIMATED REPAIR COST	IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME	

ACCIDENT DETAILS *(See Reverse for Diagram and Description)*

ACCIDENT LOCATION *(Address/Area)*	ROAD CONDITIONS
	WEATHER CONDITIONS
(City/State)	TRAFFIC CONDITIONS
(County)	HOW FAST WERE YOU DRIVING? / EST. SPEED OF OTHER CAR

POLICE REPORT MADE ☐ YES ☐ NO

NAME AND ADDRESS OF INVESTIGATING AGENCY

AGENCY ☐ CHP ☐ OTHER

OTHER VEHICLE

DRIVER'S NAME	AGE / DOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL / NO. OF PASSENGERS
DRIVER'S LICENSE NO. / HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER	
DRIVER'S ADDRESS *(Street, City, State, Zip Code)*		OWNER'S ADDRESS	HOME TELEPHONE / WORK TELEPHONE
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY		NAME AND ADDRESS OF OTHER PARTY'S INSURANCE	

INJURED

NAME	AGE	ADDRESS	HOSPITAL
NAME	AGE	ADDRESS	HOSPITAL

WITNESS

NAME	TELEPHONE	ADDRESS
NAME	TELEPHONE	ADDRESS

VEHICLE PASSENGERS

STATE	NAME	ADDRESS
STATE	NAME	ADDRESS
OTHER	NAME	ADDRESS
OTHER	NAME	ADDRESS

(CONTINUE ON REVERSE)

STATE OF CALIFORNIA - DGS ORIM

VEHICLE ACCIDENT REPORT

STD. 270 (REV. 2/2002c) (REVERSE)

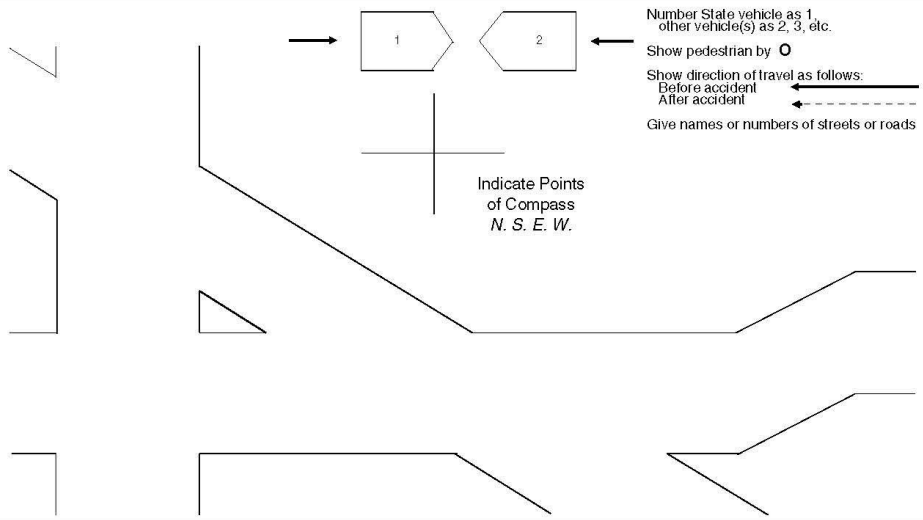
*** CONFIDENTIAL INFORMATION ***

DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE OFFICE OF RISK AND INSURANCE MANAGEMENT

ACCIDENT DETAILS - DESCRIPTION

FULLY STATE HOW ACCIDENT OCCURRED *(Give details, attach additional sheets if necessary)*

ACCIDENT DETAILS - DIAGRAM



ADDITIONAL VEHICLE/PASSENGER(S)

VEHICLE

DRIVER'S NAME	AGE/DOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL
DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER
ADDRESS *(Street, City, State, Zip Code)*		ADDRESS *(Street, City, State, Zip Code)*	HOME TELEPHONE
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			WORK TELEPHONE
		NAME AND ADDRESS OF OTHER PARTY'S INSURANCE CARRIER	

INJURED PASSENGER

NAME	AGE	ADDRESS	HOSPITAL
NAME	AGE	ADDRESS	HOSPITAL
NAME	ADDRESS		
NAME	ADDRESS		

The answers in this report contain a true and full account of the accident, and the vehicle was being operated on official business of the state at the time of the accident. (The reviewing officer is to explain any exception.) ***Attach extra pages as necessary.***

Employee Signature and Date

Reviewing Officer Signature (Supervisor or Safety Coordinator)

Type Name and Title of Reviewing Officer

Telephone Number of Reviewing Officer

ACCIDENTS NOT TO BE REPORTED ON ACCIDENT REPORT, STD. 268 2460.1

(Reviewed 3/14)

Do not report the following on STD. 268:

1. Accidents resulting from operating motor vehicles by officers, agents, and employees of the state which are reported on Report of Vehicle Accident, STD. 270. See SAM Section 2430.

2. Accidents and occurrences arising from the activities of the Department of Transportation. These incidents are handled according to Department of Transportation procedure.

RECEIPT OF LEGAL PAPERS 2461

(Reviewed 3/14)

All departments/agencies will have written procedures to follow in the event legal papers are delivered/served.

The employee will immediately prepare a memo to the department/agency's legal office stating (1) the date of receipt and (2) the method of receiving the papers (i.e. personal/mail/etc.).

This memo will be attached to the original papers and forwarded immediately to the legal office. The legal office will contact the Office of the Attorney General.

Employees are instructed to not (1) sign or return any legal papers concerning the accident/incident and/or (2) discuss or speak to any individual concerning the accident/incident other than their legal office or a representative of the Office of the Attorney General.

COOPERATION WITH THE ATTORNEY GENERAL'S OFFICE 2462

(Reviewed 3/14)

Upon request of the Office of the Attorney General departments/agencies and employees will cooperate fully during investigations, settlements, hearings and trial or in any other manner of assistance that may be required.

INQUIRIES FOR FILING CLAIMS AGAINST THE STATE OF CALIFORNIA 2464

(Reviewed 3/14)

Any inquiry or claim against the State of California, departments or employees will be directed to:

Victims Compensation and
Government Claims Board
P.O. Box 3035,
Sacramento, CA 95812-3035
800-955-0045

Additional information and services may be accessed from Victim Compensation and Government Claims Board home page located at http://www.vcgcb.ca.gov.

REPORTING REQUIREMENTS 2482

(Revised 3/14)

Property or money losses due to employee infidelity or dishonesty must be reported in writing to Department of Finance, Office of State Audits and Evaluations and the Bureau of State Audits. See SAM Section 20060.