

STATE OF CALIFORNIA

REPORTING AUTOMOBILE ACCIDENTS

The State has instituted an auto 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 upon official business.

All automobile 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 in quadruplicate. The completed report must be signed by the operator and approved by persons authorized to do so.

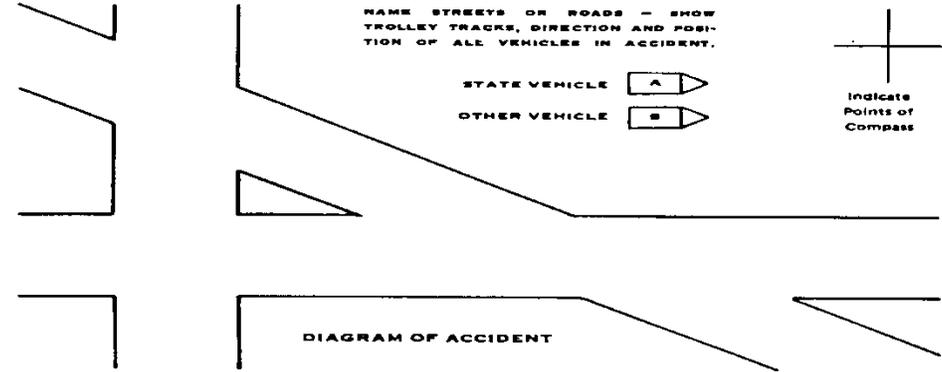
Accidents resulting in any injury to persons other than employees, or involving serious damage to the property of others, must be reported immediately by telephone to the Office of Risk and Insurance Management.

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:

- a. Investigating Traffic Officers
- b. Your Superiors
- c. Authorized State Officers
- d. State's Insurance Adjustors

Subsequent to any accident involving a state vehicle, all communications, 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



ACCIDENT DATA			
HOUR	A.M. P.M.	DATE	CITY
LOCATION (Address, Intersection, etc.)		DISTANCE FROM CURB	APPROXIMATE ROAD WIDTH
		FEET	FEET
INVESTIGATED BY		REPORT NUMBER (if Available)	
<input type="checkbox"/> POLICE DEPT.	CITY OF		
<input type="checkbox"/> SHERIFF'S DEPT.	COUNTY OF		
<input type="checkbox"/> CHP	CITY		
<input type="checkbox"/> OTHER	NAME AND LOCATION		
VEHICLE OCCUPANTS OTHER VEHICLE			
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
STATE VEHICLE			
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	

STATE OF CALIFORNIA
ACCIDENT IDENTIFICATION
 STD. 269 (Rev. 7/92)

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/TEAM, CITED BY

DATE AND LOCATION OF ACCIDENT

YEAR AND MAKE OF STATE VEHICLE

LICENSE NUMBER OF STATE VEHICLE

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO

OFFICE OF RISK AND INSURANCE MANAGEMENT
 DEPARTMENT OF GENERAL SERVICES
 1325 J STREET, SUITE 1800
 SACRAMENTO, CA 95814 [916]322-0469

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

IMPORTANT	
Ask names and addresses of WITNESSES FIRST	
1	NAME ADDRESS PHONE
2	NAME ADDRESS PHONE
3	NAME ADDRESS PHONE
INJURED PERSONS	
	NAME ADDRESS HOSPITAL TAKEN TO PHONE
	NAME ADDRESS HOSPITAL TAKEN TO PHONE
OTHER VEHICLE	
	LICENSE REGISTERED OWNER ADDRESS CITY
	YEAR MAKE CITY
	DRIVER'S NAME ADDRESS CITY
	OPERATOR'S LICENSE NUMBER EXPIRATION DATE

(OVER)

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 Section 16028, subsection (b) (1) (D) states that ownership or lease of a vehicle by a public entity establishes evidence of financial responsibility.

CLAIMS REFERRAL OFFICES

In case of an 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.

During normal working hours call:

OFFICE OF RISK AND INSURANCE MANAGEMENT
(916) 322-0459 (or CALNET: 492-0459)

On weekends or holidays, call:

OFFICE OF RISK AND INSURANCE MANAGEMENT
(916) 322-8967 (or CALNET): 492-8967

and leave a Voice Mail message (which will be returned on the next business day).