

**ACCIDENT REPORT  
(Other than Motor Vehicle)**

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***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 <i>(Describe specific location on reverse)</i> | TIME |
|---------------|---------------------------------------------------------|------|

**INJURED PARTY INFORMATION**

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

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

|                                                                               |                  |                                                                             |                  |
|-------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------|------------------|
| PHOTOGRAPHS TAKEN<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, BY WHOM: | FIRST AID GIVEN<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, BY WHOM: |
|-------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------|------------------|

**PROPERTY DAMAGE/LOSS INFORMATION**

|                                                                    |                                         |                                         |
|--------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| PROPERTY OWNER'S NAME <i>(Last, First, M.I.)</i>                   | HOME TELEPHONE <i>(Area Code + No.)</i> | WORK TELEPHONE <i>(Area Code + No.)</i> |
| PROPERTY OWNER'S MAILING ADDRESS <i>(Street, City, State, Zip)</i> |                                         |                                         |

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

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

REPORTING AGENCY NAME

|                                                            |                                           |
|------------------------------------------------------------|-------------------------------------------|
| REPORTING EMPLOYEE'S NAME AND TITLE <i>(Print or Type)</i> | TELEPHONE NUMBER <i>(Area Code + No.)</i> |
|------------------------------------------------------------|-------------------------------------------|

REPORTING EMPLOYEE'S SIGNATURE

|                                                                         |                                           |
|-------------------------------------------------------------------------|-------------------------------------------|
| REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE <i>(Print or Type)</i> | TELEPHONE NUMBER <i>(Area Code + No.)</i> |
|-------------------------------------------------------------------------|-------------------------------------------|

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**USE ADDITIONAL SHEETS AS NECESSARY**

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DESCRIBE SPECIFIC LOCATION OF INCIDENT:

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DESCRIBE THE INCIDENT IN DETAIL:

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