

**STATE OF CALIFORNIA  
REPORTING OF AUTOMOBILE ACCIDENTS**

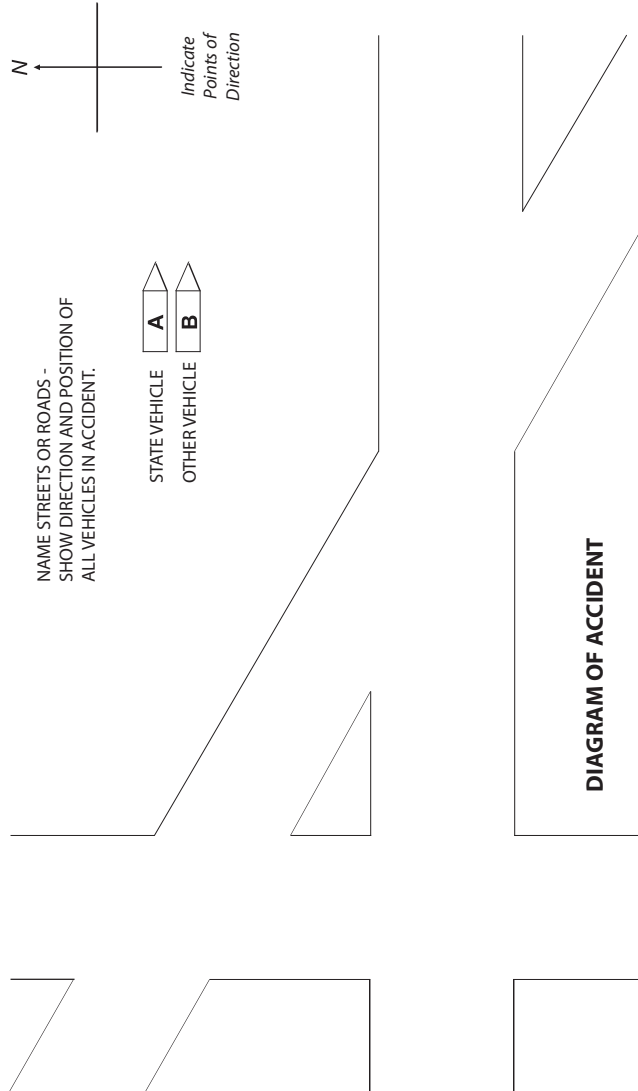
The state administers a vehicle liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the state when operating a vehicle on official state business.

All vehicle accident reports (STD 270) must be received by the Office of Risk and Insurance Management (ORIM) within 2 business days after the accident. The report must be completed by the driver and reviewed and approved by their supervisor. The vehicle accident report, along with any additional information related to the accident should be emailed to ORIM at [claims@dgs.ca.gov](mailto:claims@dgs.ca.gov)

**DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:**

1. Investigating Traffic Officers
2. Your Supervisors
3. Authorized State Officers
4. Office of Risk and Insurance Management Claims Analysts

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



<b>ACCIDENT DETAILS</b>	
TIME	DATE
	AM PM
CITY	COUNTY
ROAD CONDITIONS	WEATHER CONDITIONS
<b>INVESTIGATED BY</b>	
NAME AND ADDRESS	
<input type="checkbox"/> POLICE DEPT.	<b>REPORT NUMBER</b>
<input type="checkbox"/> SHERIFF	
<input type="checkbox"/> CHP	
<input type="checkbox"/> OTHER	
<b>OCCUPANTS OF OTHER VEHICLE</b>	
NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	
<b>OCCUPANTS OF STATE VEHICLE</b>	
NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	

**STATE OF CALIFORNIA - DGS OFFICE OF RISK AND INSURANCE MANAGEMENT  
ACCIDENT IDENTIFICATION**  
STD. 269 (Rev. 10/2019)

**IMPORTANT**

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

STATE DRIVER FULL NAME \_\_\_\_\_

STATE DRIVER WORK TELEPHONE NUMBER \_\_\_\_\_

STATE DRIVER LICENSE NUMBER \_\_\_\_\_

DEPARTMENT EMPLOYED BY \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_

ACCIDENT LOCATION \_\_\_\_\_

YEAR / MAKE / MODEL OF STATE VEHICLE \_\_\_\_\_

LICENSE NUMBER OF STATE VEHICLE \_\_\_\_\_

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO:

**DEPARTMENT OF GENERAL SERVICES  
OFFICE OF RISK AND INSURANCE MANAGEMENT  
707 THIRD STREET, FIRST FLOOR – SUITE 1-150  
WEST SACRAMENTO, CA 95605 (916) 376-5300  
Email: [claims@dgs.ca.gov](mailto:claims@dgs.ca.gov) 1-800-900-3634 Toll Free**

**IMPORTANT**

ASK NAMES AND ADDRESSES OF **WITNESSES FIRST**

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

**INJURED PERSONS**

NAME		DOB
ADDRESS		PHONE
HOSPITAL TAKEN TO		
NAME		DOB
ADDRESS		PHONE
HOSPITAL TAKEN TO		

**OTHER VEHICLES**

VEHICLE LICENSE NO.	YEAR / MAKE / MODEL
REGISTERED OWNER	
ADDRESS	CITY
DRIVER'S NAME	
ADDRESS	CITY
DRIVER'S LICENSE NO.	

(OVER)

: \_\_\_\_\_ (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**

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**OFFICE OF RISK AND INSURANCE MANAGEMENT**

(916) 376-5300

(800) 900-3634 TOLL FREE

[CLAIMS@DGS.CA.GOV](mailto:CLAIMS@DGS.CA.GOV)