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

STATE OF CALIFORNIA

ACCIDENT IDENTIFICATION
STD 269 (REV 3/2012)

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:

DEPARTMENT EMPLOYED 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
707 THIRD STREET, FIRST FLOOR
WEST SACRAMENTO, CA 95605
(916) 376-5302
Internet: claims@dgs.ca.gov 1-800-900-3634 Toll Free
On weekends or holidays, leave a Voice Mail message (which will be returned on the next business day).

In case of accident resulting in injury to persons, call the Office of Risk and Insurance Management, or involving serious damage to the property of others, call the Office of Risk and Insurance Management.

OFFICE OF RISK AND INSURANCE MANAGEMENT
(916) 784-5030 (CALNET), 465-5030 (TOLL-FREE)
FAX (916) 394-8277

REPORTING OF CLAIMS

EVIDENCE OF FINANCIAL RESPONSIBILITY

This vehicle is owned or leased by the State of California, a public entity and/or
operated by employees, agents or employees of the same, cannot establish evidence of financial responsibility for
a vehicle by a public entity, establishes evidence of financial responsibility.

IMMEDIATELY (or Fax an advance copy of STD. 270, Vehicle Accident Report by)

INjured PERSONS

EXAMPLE

1
NAME
ADDRESS
PHONE

2
NAME
ADDRESS
PHONE

3
NAME
ADDRESS
PHONE

OThER VEHICLES

EXAMPLE

REGISTERED OWNER
ADDRESS
DRIVER’S NAME
ADDRESS
OPERATOR’S LICENSE NUMBER
EXPIRATION DATE

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