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.

A — STATE VEHICLE

B — OTHER VEHICLE

DIAGRAM OF ACCIDENT

ACCIDENT DATA

HOUR AM PM | DATE | CITY | COUNTY | APPROXIMATE ROAD WIDTH FEET

LOCATION (ADDRESS, INTERSECTION, ETC.) | DISTANCE FROM CURB FEET

REPORT NUMBER

INVESTIGATED BY

- ☐ 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. 9/2013c)

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
2	NAME	
	ADDRESS	PHONE
3	NAME	
	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).