

VEHICLE ACCIDENT REPORTS

The District's comprehensive bodily injury and property damage liability insurance policy covers members of the Governing Board and employees of the District when acting within the scope of their office of employment. Board members and employees driving District-owned vehicles (maintenance vehicles, cars, etc.) are covered by the District's liability policy.

The District's liability policy includes the use of a private automobile by an employee within the scope of his/her duties. Whether or not the employee receives mileage reimbursement does not affect the insurance coverage. The insurance policy covers only the District's liability; the employee's liability rests primarily with the employee's personal insurance policy.

The Administrative Services Department is responsible for supplying Report of Accident forms (i.e., Exhibit A) to the Police Services and Business Services Office at each location. The Report of Accident form is to be placed in each District-owned vehicle and will also be kept at each location to be available for employees should they be involved in accidents while operating their own vehicles.

Staff must immediately report any accident involving a District-owned vehicle or a personal vehicle used on District/college business. **Important - Telephone the college Police Services Office immediately whenever there are injuries in either vehicle, regardless of which driver is at fault for the accident (i.e., hitting another vehicle from behind).**

1. Secure the full name, address, telephone number, insurance carrier, and the license number of the driver of the other vehicle, as well as the names, addresses, and telephone numbers of all other occupants within either vehicle.
2. Secure a complete description of other vehicle, including the license plate number.
3. Secure the names and addresses of any witnesses as well as noting any pertinent comments they make. Their version of what happened is extremely important.
4. Furnish to the other driver and/or the investigating law enforcement officer your name address, license number, and office telephone number.
5. UNDER NO CIRCUMSTANCES SHOULD ONE ADMIT ANY LIABILITY FOR THE ACCIDENT OR DAMAGES INVOLVED. Inform the other party that the District is insured and that specific information may be obtained from the Chief Administrative Services Officer.
6. The written report is to be made regardless of how minor the injury or damage may be regardless of who was at fault.
7. If, after the original report is made, additional facts or witnesses come to one's attention, a supplemental report is to be made.

Report of Accident forms may be obtained from the Police Services Office, and are to be completed and returned within 24 hours from the time of the accident



Keenan & Associates

Oakland Office

180 Grand Avenue, Suite 1380
Oakland, CA 94612
(510) 986-6750

Corporate Office

2355 Crenshaw Boulevard, Ste. 200
Torrance, CA 90501
(310) 212-3344
License #0451271

**REPORT
OF ACCIDENT**

**DIAGRAM & MISCELLANEOUS
(If Necessary)**

DISTRICT VEHICLE

Driver: _____
License #: _____
Vehicle Year & Make: _____
Vehicle License #: _____
Area of Damage: _____

**DESCRIBE HOW
ACCIDENT OCCURRED**

IF YOU ARE INVOLVED IN AN ACCIDENT

1. Call an ambulance for anyone seriously injured.
2. Secure names and addresses of all persons in the other vehicle.
3. Be sure to obtain names and addresses of all witnesses.
4. Obtain license number and State of registration of adverse vehicle.
5. **DO NOT ADMIT RESPONSIBILITY.**

**STATEWIDE ASSOCIATION OF COMMUNITY COLLEGES
Insurance Identification Card**

District: _____
MOC #: _____
Effective Date: _____ To _____

In the event of an accident, please contact:

Keenan & Associates

(800) 344-8507 (During Business Hours)

(310) 375-8311 (After hours and weekends)

1. Stop at once.
2. Provide assistance to any injured party.
3. Contact the local police authority.
4. Phone your supervisor if there is personal injury or extensive property damage.
5. Do not discuss the accident with anyone other than the police authority, your employer or a representative of Keenan & Associates.
6. Complete this report as soon as possible.

LIABILITY COVERAGE

THIS VEHICLE IS OWNED BY A PUBLIC ENTITY AND IS SELF-INSURED THROUGH THE MEMBERSHIP IN A JOINT POWERS INSURANCE AUTHORITY PURSUANT TO THE CALIFORNIA GOVERNMENT CODE.

(Attorney/Client work product privilege: This report is to be completed by the school district employees. This form is a confidential, internal document; its contents are not to be shared or copied for any persons who are not school district employees and/or their legal representatives).

School District: _____
Accident Date: _____ Time: _____
Location: _____
Police Agency Called: _____

OTHER PARTY

Name: _____
Address: _____
Phone: Home: _____
Work: _____

Driver's Lic.#: _____
Automobile Year & Make: _____

License Number: _____
Area of Damage: _____
Prior Damage: _____

Insurance Company: _____
Address: _____

Telephone Number: _____
Number of Passengers: _____

INJURED

Name: _____
Address: _____
Phone: Home: _____
Work: _____
Nature of Injury: _____

Name: _____
Address: _____
Phone: Home: _____
Work: _____
Nature of Injury: _____

Name: _____
Address: _____
Phone: Home: _____
Work: _____
Nature of Injury: _____

Name: _____
Address: _____
Phone: Home: _____
Work: _____
Nature of Injury: _____

WITNESSES

Name: _____
Address: _____
Phone: Home: _____
Work: _____

Name: _____
Address: _____
Phone: Home: _____
Work: _____

Name: _____
Address: _____
Phone: Home: _____
Work: _____

Name: _____
Address: _____
Phone: Home: _____
Work: _____