

DISTRICT VEHICLE INFORMATION

DRIVER: _____

LICENSE #: _____

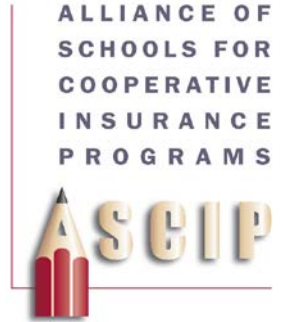
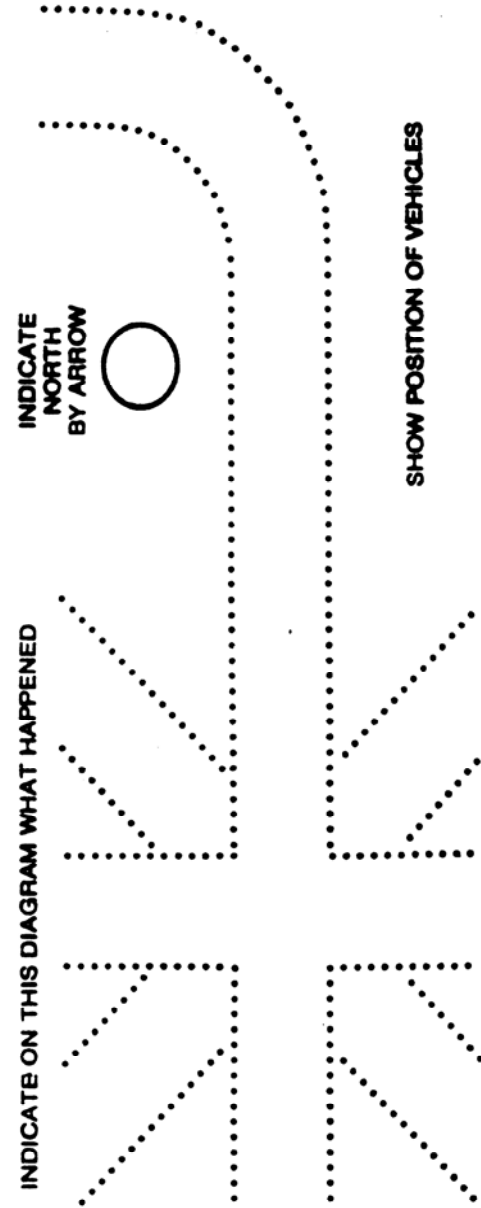
VEHICLE YEAR; MAKE; MODEL: _____

VEHICLE LICENSE #: _____

AREA OF DAMAGE: _____

DESCRIBE HOW ACCIDENT OCCURRED

DIAGRAM OR ADDITIONAL NOTES:



ACCIDENT REPORT FORM

Submit to:

ASCIP CLAIMS
 16550 Bloomfield Avenue
 Cerritos, CA 90703
 Tel: 562-404-8029
 Fax: 562-404-4515

This vehicle is owned/leased by
Insert Member Name Here
 a public entity, as defined in Section 811.2 of the Government Code and is permissibly self-insured through the Alliance of Schools for Cooperative Insurance Programs (ASCIP, a Joint Powers Authority. Pursuant to Section 16020(b)(2) and (b)(4) of the California Vehicle Code (CVC), evidence of financial responsibility is established through public agency status and qualification as a self-insurer.

SCHOOL DISTRICT _____

ACCIDENT DATE _____ TIME _____

LOCATION _____

POLICE AGENCY CALLED _____

TIME NOTIFIED _____

OTHER PARTY

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

DRIVER'S LIC.# _____

VEHICLE YR. & MAKE _____

LICENSE NUMBER _____

AREA OF DAMAGE _____

PRIOR DAMAGE _____

**OTHER PARTY'S
INSURANCE INFORMATION**

INSURANCE COMPANY _____

ADDRESS _____

POLICY NUMBER _____

TELEPHONE NUMBER _____

TOTAL # OF INDIVIDUALS INJURED _____

INJURED PARTY #1:

NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

NATURE OF INJURY _____

WHICH VEHICLE: [] DISTRICT [] OTHER

INJURED PARTY #2:

NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

NATURE OF INJURY _____

WHICH VEHICLE: [] DISTRICT [] OTHER

INJURED PARTY #3:

NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

NATURE OF INJURY _____

WHICH VEHICLE: [] DISTRICT [] OTHER

*If necessary, list additional injured parties
on reverse side or attach additional sheet*

WITNESS #1:

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

WITNESS #2:

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

WITNESS #3:

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

ADDITIONAL INFORMATION

OFFICER'S
NAME _____

POLICE REPORT # _____

*If necessary, list additional witnesses
on reverse side or attach additional sheet*