



DRIVER'S REPORT OF ACCIDENT

Redwood Empire Schools Insurance Cooperative
5760 Skylane Blvd, Suite 100
Windsor, CA 94592
Phone: 707-836-0779
Fax: 707-836-9079

POLICE INFORMATION

Name of Police
Department
Name of Officer
Case #
Badge #

WITNESS INFORMATION

Name
Address
Phone #
District Passenger
Other Vehicle Passenger
Witness Not Involved in Accident
Name
Address
Phone #
District Passenger
Other Vehicle Passenger
Witness Not Involved in Accident

DISTRICT VEHICLE

District Name
Driver
CDL#
Address
Phone #
Vehicle - Make/Year
Vehicle ID/Bus #
Vehicle Lic#
Damages

OTHER VEHICLE

Owner
Driver
CDL#
Address
Phone #
Vehicle - Make/Year
Vehicle Lic#
Damages
Ins Carrier
Ins Policy #
Ins Phone #

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.

- 1. Stop at Once
2. Provide any assistance to injured party.
3. Contact the local police authority.
4. Phone your supervisor if there is a 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 the JPA.
6. Complete this report as soon as possible.

ACCIDENT DETAILS

Date _____
 Time _____
 Location _____

 Your Speed _____
 Other Speed _____
 Speed Limit _____
 Citation Issued Yes No
 Against Whom _____
 Reason _____

INJURED PERSONS

Name _____
 Address _____

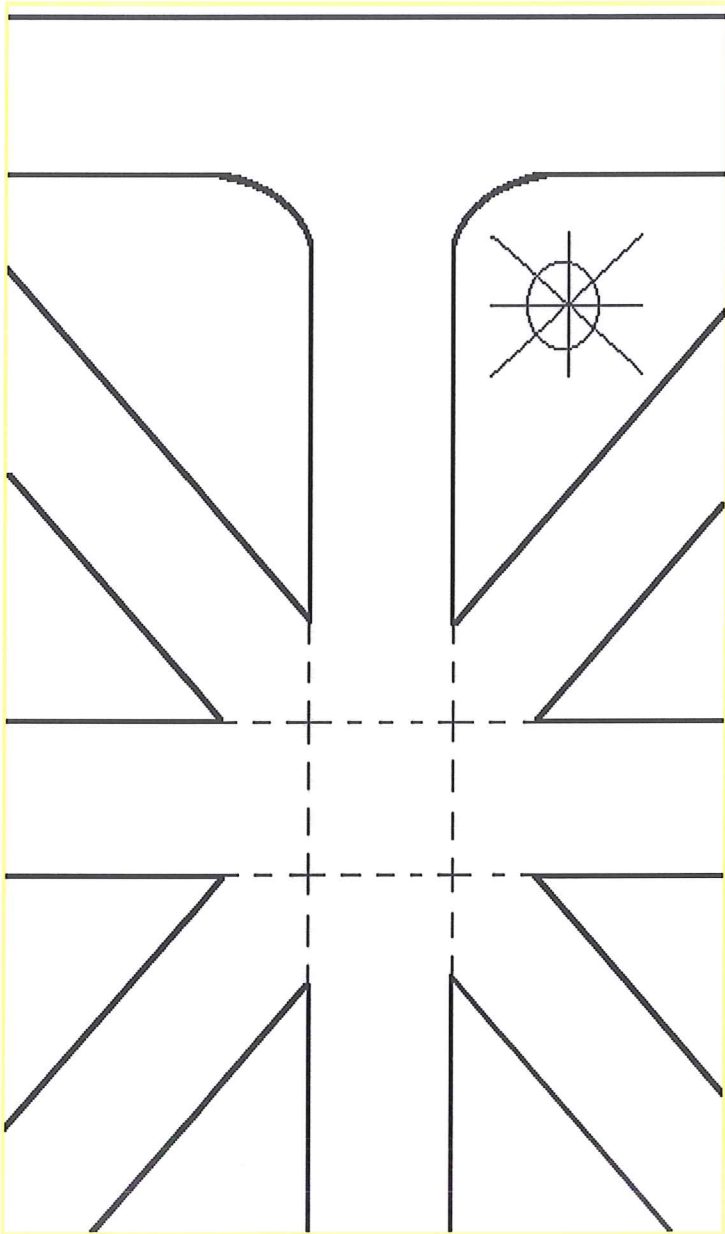
 Phone # _____
 Type Injury _____

 Name _____
 Address _____

 Phone # _____
 Type Injury _____

 Name _____
 Address _____

 Phone # _____
 Type Injury _____



Your Vehicle 1 Pedestrian -
 Other Vehicle 2 Yield -
 Third Vehicle 3 Stop Sign -

Draw and name roadway, showing each vehicle, direction of travel and point of impact.
 Indicate travel before the accident with a solid line and post-accident with a broken line.
 Please be as specific and detailed as possible.



Weather Clear Cloudy Fog Rain Sleet Snow Other _____
 Condition Dry Wet Icy Pot Holes Other _____
 Traffic Control Traffic Light Stop Sign Railroad No Intersection No Control
 Roadway Number of Lanes Each Direction _____ Residential Divided Highway Undivided Highway

ACCIDENT DESCRIPTION

