

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.

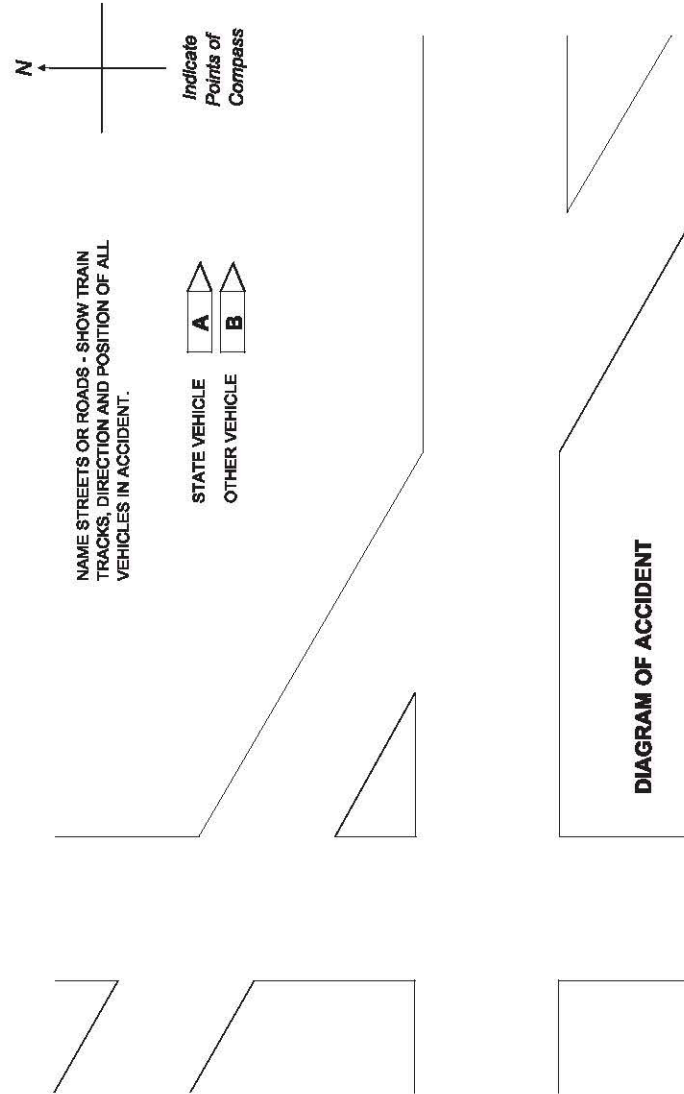
Accidents resulting in any *Injury* to persons other than employees, or involving **serious damage to the property** of others, must be reported **immediately** by telephone to the Office of Risk and Insurance Management or an **advance** copy of STD. 270 may be faxed to the ORIM.

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



HOUR		DATE	CITY	COUNTY	FEET
AM	PM				
LOCATION (ADDRESS, INTERSECTION, ETC.)		DISTANCE FROM CURB		APPROXIMATE ROAD WIDTH	
INVESTIGATED BY					
CITY OF		COUNTY OF		REPORT NUMBER	
<input type="checkbox"/> POLICE DEPT. <input type="checkbox"/> SHERIFF'S DEPT. <input type="checkbox"/> CHP <input type="checkbox"/> OTHER		CITY			
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. 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

DRIVER'S LICENSE 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 95805 (916) 376-5302
 Internet: claims@dgs.ca.gov 1-800-900-3634 Toll Free

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

IMPORTANT		
ASK NAMES AND ADDRESSES OF WITNESSES FIRST		
	NAME	
1	ADDRESS	PHONE
	NAME	
2	ADDRESS	PHONE
	NAME	
3	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)

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).