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Clear

STATE OF CALIFORNIA - DGS ORIM

VEHICLE ACCIDENT REPORT

STD. 270 (REV. 2/2002c)

THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT (ACCIDENTS INVOLVING INJURY SHOULD FIRST BE CALLED OR FAXED TO ORIM AT (916) 376-5302 - CALNET 480-5302 - FAX (916) 376-5277.)

* CONFIDENTIAL INFORMATION *

DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE OFFICE OF RISK AND INSURANCE MANAGEMENT

DISTRIBUTION: OFFICE OF RISK AND INSURANCE MANAGEMENT 707 THIRD STREET, FIRST FLOOR WEST SACRAMENTO, CA 95605

COPY - STATE GARAGE (DGS pool vehicle only) COPY - DEPT. FILES (Dept. owned vehicles only)

COPY - STATE DRIVER (Dept. owned vehicles only) Page of

ACCIDENT PREVIOUSLY REPORTED TO ORIM? (If Yes, give date)

YES NO

STATE DRIVER: NAME, AGE, EMPLOYING DEPARTMENT, AGENCY BILLING CODE, DRIVER'S LICENSE NO., ACCIDENT DATE, TIME, OFFICE ADDRESS, AGENCY DOCUMENT NO. (Optional), WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS?, DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING, JOB TITLE, BUSINESS TELEPHONE

STATE VEHICLE: VEHICLE LICENSE NUMBER, VEHICLE YEAR, MAKE, MODEL, VEHICLE OWNER, DEPT. VEHICLE NO. (Optional), DESCRIBE DAMAGES TO STATE VEHICLE, ESTIMATED REPAIR COST, RENTAL, EMPLOYEE OWNED, IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME

ACCIDENT DETAILS (Address/Area, Road Conditions, Weather Conditions, City/State, Traffic Conditions, County, How Fast Were You Driving?, Est. Speed of Other Car, Police Report Made, Name and Address of Investigating Agency, Agency, CHP, Other)

OTHER VEHICLE: DRIVER'S NAME, AGE / DOB, VEHICLE LICENSE NUMBER, VEHICLE YEAR, MAKE, MODEL, NO. OF PASSENGERS, DRIVER'S LICENSE NO., HOME TELEPHONE, WORK TELEPHONE, REGISTERED OWNER, DRIVER'S ADDRESS (Street, City, State, Zip Code), OWNER'S ADDRESS, HOME TELEPHONE, WORK TELEPHONE, BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY, NAME AND ADDRESS OF OTHER PARTY'S INSURANCE

INJURED: NAME, AGE, ADDRESS, HOSPITAL

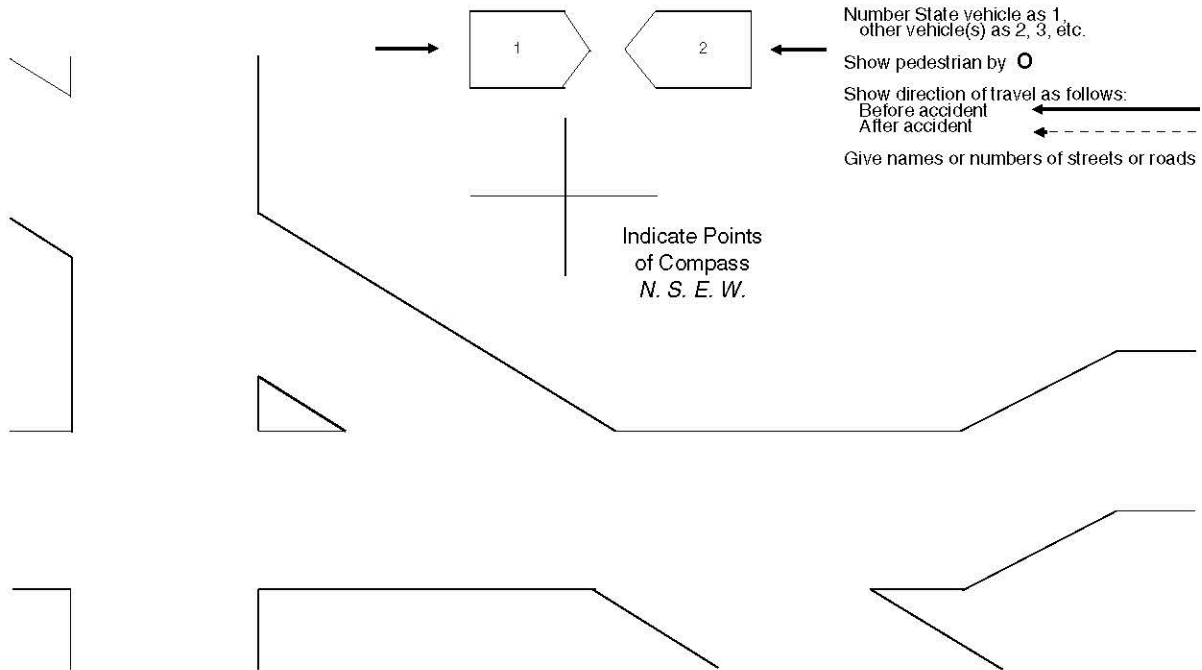
WITNESS: NAME, TELEPHONE, ADDRESS

VEHICLE PASSENGERS: STATE (NAME, ADDRESS), OTHER (NAME, ADDRESS)

ACCIDENT DETAILS - DESCRIPTION

FULLY STATE HOW ACCIDENT OCCURRED (Give details, attach additional sheets if necessary)

ACCIDENT DETAILS - DIAGRAM



ADDITIONAL VEHICLE/PASSENGER(S)	DRIVER'S NAME		AGE/DOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL	
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER		
	ADDRESS (Street, City, State, Zip Code)			ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE	
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			WORK TELEPHONE		
PASSENGER	NAME			AGE	ADDRESS	HOSPITAL
	NAME			AGE	ADDRESS	HOSPITAL
	NAME			ADDRESS		
	NAME			ADDRESS		

<i>The answers in this report contain a true and full account of the accident, and the vehicle was being operated on official business of the state at the time of the accident. (The reviewing officer is to explain any exception.) Attach extra pages as necessary.</i>		Type Name and Title of Reviewing Officer	
Employee Signature and Date	Reviewing Officer Signature (Supervisor or Safety Coordinator)	Telephone Number of Reviewing Officer	