

REPORT OF ACCIDENT

IF AN ACCIDENT HAS OCCURED:

1. STOP.
2. Call **911**, *USING YOUR GOOD JUDGEMENT*.
3. Provide assistance to injured parties
4. If necessary contact local police, unless 911 has been called.
5. Phone:
Cory Fox, cell (530) 736-0068 OR
(530) 528-7316 Bus Barn
Greg Ross, cell (530) 838-8883 OR
(530) 528-7320 TCDE OR
Carol Stephens (530) 528-7323 OR
Wes Grossman (530) 528-7307
6. As the driver of the vehicle it is your responsibility to complete the Report of Accident and submit to Greg Ross or Cory Fox immediately upon your return to the County Office. **This is for insurance purposes!**
7. Do not discuss the accident with anyone other than the police, your supervisor, or a representative of Schools Insurance Group.

Vehicle #: _____
Driver: _____
License: _____
Vehicle Year: _____
Vehicle Make: _____
Vehicle License #: _____
Damage: _____

Accident date: _____
Time: _____ AM / PM
Location: _____

Police Dept. Called: _____
Police Phone #: _____
Responding Officer: _____
Report #: _____

DESCRIBE HOW THE ACCIDENT OCCURRED

OTHER PARTY

Name: _____
Address: _____

Phone: Work/Home/Cell

Driver's License State: _____
Driver's License #: _____
Auto yr & make: _____

License Number: _____
Area of damage: _____

Insurance company: _____
Address: _____

Phone: _____
Passengers: _____

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. SECTION 16020(B)(4) OF THE California vehicle code specifically exempts public entities from having to provide proof of financial responsibility.



TAKE PICTURES

INJURED PARTIES

Name: _____

Address: _____

Phone: Work/Home/Cell _____

Nature of injury: _____

Name: _____

Address: _____

Phone: Work/Home/Cell _____

Nature of injury: _____

Name: _____

Address: _____

Phone: Work/Home/Cell _____

Nature of injury: _____

Name: _____

Address: _____

Phone: Work/Home/Cell _____

Nature of injury: _____

WITNESSES AND NOTES

Name: _____

Address: _____

Phone: Work/Home/Cell _____

Notes: _____

Name: _____

Address: _____

Phone: Work/Home/Cell _____

Notes: _____

Name: _____

Address: _____

Phone: Work/Home/Cell _____

Notes: _____

Name: _____

Address: _____

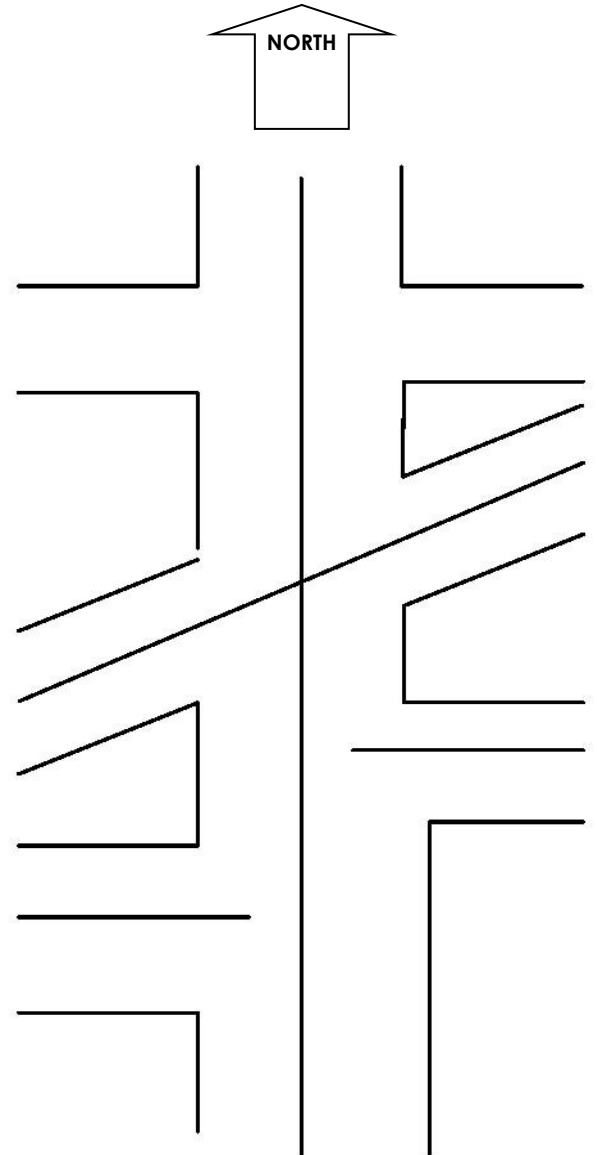
Phone: Work/Home/Cell _____

Nature of injury: _____

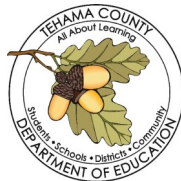


TAKE PICTURES

INDICATE ON THIS DIAGRAM WHAT HAPPENED



TCDE Mechanic will return completed form to:
Gerry Etzler
PO Box 789
Red Bluff, CA 96080
(530) 527-6761 (530) 527-5237 FAX



TEHAMA COUNTY DEPARTMENT OF EDUCATION
Richard DuVarney, Superintendent of Schools
1135 Lincoln Street • Red Bluff, CA 96080
(530) 527-5811 • FAX (530) 529-4120
www.tehamaschools.org