



SAN MATEO COUNTY SCHOOLS
INSURANCE GROUP

SAN MATEO COUNTY SCHOOLS INSURANCE GROUP
1791 Broadway, Redwood City, CA 94063
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VEHICLE ACCIDENT REPORT

CONFIDENTIAL REPORT

This report is confidential and is intended to be sent to SMCSIG's claims administrator and district's legal counsel for use in recovering losses and defending litigation.

Date of Accident	Time of Accident	Location of Accident			District Name	
Year	Make	Vehicle License No.	Vehicle No.		Department	
Dist. Driver's Last Name		First Name	Initial	Business Phone	Driver's License No.	
For what purpose was the vehicle used?				Damage to District Vehicle		
Other Driver's Last Name		First Name	Initial	Address	Bus. Phone	
					Res. Phone	
Owner's Last Name		First Name	Initial	Address	Bus. Phone	
					Res. Phone	
List damage, if auto: Make, Year, License No., State. (<i>Attach Police Report, if available.</i>)					Who was at fault?	
Was other car insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Company & Policy No. or Insurance Broker & Phone No.				
If school employee is injured, a separate Worker's Compensation Report is required.						
Name & Address (Injured Person)		Phone No.	Age	Pedestrian	Other Vehicle	Extent Of Injury
1						
2						
3						
4						
Name & Address (Witness or Passenger)		Phone No.	Age	Pedestrian	Other Vehicle	Extent Of Injury
1						
2						
3						
4						
Complete description of accident, (attach separate page if necessary).						
Reported to:		Signature of District Driver or Supervisor			Date	