



SAN MATEO COUNTY SCHOOLS  
INSURANCE GROUP

SAN MATEO COUNTY SCHOOLS INSURANCE GROUP  
1791 Broadway, Redwood City, CA 94063  
(650) 365-9180 Fax (650) 365-9263

## 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	District Vehicle	Extent Of Injury
1								
2								
3								
4								
Name & Address (Witness or Passenger)			Phone No.	Age	Pedestrian	Other Vehicle	District Vehicle	
1								
2								
3								
4								
Complete description of accident, (attach separate page if necessary).								
Reported to:			Signature of District Driver or Supervisor				Date	