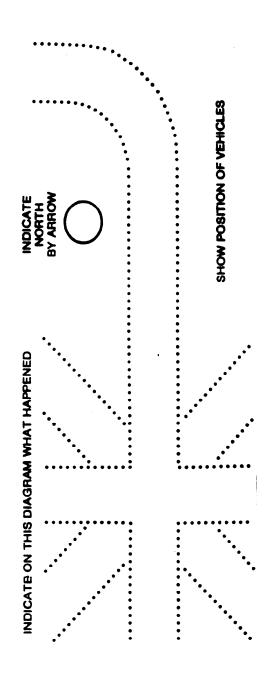
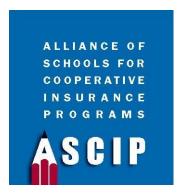
### **DISTRICT VEHICLE INFORMATION**

DRIVER:
LICENSE #:
VEHICLE YEAR; MAKE; MODEL:
V
EHICLE LICENSE #:
AREA OF DAMAGE:
DESCRIBE HOW ACCIDENT OCCURRED

#### **DIAGRAM OR ADDITIONAL NOTES:**





# ACCIDENT REPORT FORM

Submit To:

### TRANSPORTATION

MERCED COLLEGE
3600 M STREET
MERCED CA 95348
209-384-6142 PHONE
209-381-6463 FAX

This vehicle is owned/leased by

## MERCED COMMUNITY COLLEGE DISTRICT

a public entity, as defined in Section 811.2 of the Government Code and is permissibly self-insured through the Alliance of Schools for Cooperative Insurance Programs (ASCIP, a Joint Powers Authority. Pursuant to Section 16020(b)(2) and (b)(4) of the California Vehicle Code (CVC), evidence of financial responsibility is established through public agency status and qualification as a self-insurer.

SCHOOL DISTRICT	TOTAL # OF INDIVIDUALS INJURED	WITNESS #1:
ACCIDENT DATETIME	INJURED PARTY #1:	NAME
LOCATION	NAME AGE	ADDRESS
POLICE AGENCY CALLED_	ADDRESS	
TIME NOTIFIED	HOME PHONE #	HOME PHONE #
	WORK PHONE #	WORK PHONE #
OTHER PARTY NAME	NATURE OF INJURY	
NAMEADDRESS	WHICH VEHICLE: [ 1 DISTRICT [ 1 OTHER	WITNESS #2:
	INJURED PARTY #2:	NAME
	NAME	ADDRESS
HOME PHONE #		
WORK PHONE #	ADDRESS	HOME PHONE #
DRIVER'S LIC.#	HOME PHONE #	WORK PHONE #
VEHICLE YR. & MAKE	WORK PHONE #	
LICENSE NUMBER	NATURE OF INJURY	WITNESS #3:
AREA OF DAMAGE	WHICH VEHICLE, [ 1 DISTRICT [ 1 OTHER	NAME
PRIOR DAMAGE		ADDRESS
	NAMEAGE	
OTHER PARTY'S INSURANCE INFORMATION	ADDRESS	HOME PHONE #
<u> </u>		WORK PHONE #
INSURANCE COMPANY	HOME PHONE #	
ADDRESS	WORK PHONE #	ADDITIONAL INFORMATION
	NATURE OF INJURY	OFFICER'S NAME
POLICY NUMBER	WHICH VEHICLE: [ ] DISTRICT [ ] OTHER	POLICE REPORT #
TELEPHONE NUMBER	If necessary, list additional injured parties on reverse side or attach additional sheet	If necessary, list additional witnesses on reverse side or attach additional sheet