

DRIVER: _____

LICENSE #: _____

VEHICLE YEAR; MAKE; MODEL: _____

V

VEHICLE LICENSE #: _____

AREA OF DAMAGE: _____

[illegible]

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH BY ARROW

SHOW POSITION OF VEHICLES

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH BY ARROW

SHOW POSITION OF VEHICLES



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 _____

ACCIDENT DATE _____ TIME _____

LOCATION _____

POLICE AGENCY CALLED _____

TIME NOTIFIED _____

OTHER PARTY

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

DRIVER'S LIC.# _____

VEHICLE YR. & MAKE _____

LICENSE NUMBER _____

AREA OF DAMAGE _____

PRIOR DAMAGE _____

**OTHER PARTY'S
INSURANCE INFORMATION**

INSURANCE COMPANY _____

ADDRESS _____

POLICY NUMBER _____

TELEPHONE NUMBER _____

TOTAL # OF INDIVIDUALS INJURED _____

INJURED PARTY #1:

NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

NATURE OF INJURY _____

WHICH VEHICLE: [] DISTRICT [] OTHER

INJURED PARTY #2:

NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

NATURE OF INJURY _____

WHICH VEHICLE: [] DISTRICT [] OTHER

INJURED PARTY #3:

NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

NATURE OF INJURY _____

WHICH VEHICLE: [] DISTRICT [] OTHER

*If necessary, list additional injured parties
on reverse side or attach additional sheet*

WITNESS #1:

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

WITNESS #2:

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

WITNESS #3:

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

ADDITIONAL INFORMATION

OFFICER'S NAME _____

POLICE REPORT # _____

*If necessary, list additional witnesses
on reverse side or attach additional sheet*