

NORTH BAY SCHOOLS INSURANCE AUTHORITY

380 CHADBOURNE ROAD, SUITE A, FAIRFIELD, CA 94534

VEHICLE ACCIDENT REPORT

(FOR BODILY INJURY OR DAMAGE TO ANOTHER'S PROPERTY OR FOR DAMAGE TO YOUR VEHICLE)

CONFIDENTIAL REPORT THIS REPORT IS FOR THE CONFIDENTIAL USE OF NBSIA AND OF ATTORNEYS FOR THE SCHOOL DISTRICT AND ITS EMPLOYEES IN DEFENDING LITIGATION.					THIS ACCIDENT RESULTED IN: <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY								
DISTRICT													
SCHOOL/SITE		PHONE		DRIVER NAME		PHONE		DATE OF BIRTH					
ADDRESS				ADDRESS				YEARS WITH DIST.					
CITY		STATE		ZIP		CITY		STATE		ZIP		DRIVERS LICENSE #	
DISTRICT VEHICLE:													
MAKE OF YOUR VEHICLE			YEAR	MODEL		SERIAL NO.		WHERE VEHICLE CAN BE SEEN					
TRAILER (IF APPLICABLE)			YEAR	MODEL		AREA OF DAMAGE			ESTIMATED REPAIR COST			\$	
ACCIDENT													
DATE OF LOSS		TIME OF LOSS		LOCATION (STREET OR HIGHWAY)				CITY		STATE			
WERE POLICE CALLED TO SCENE?		POLICE DEPT CALLED		DRIVER		ARRESTED		TICKETED		VIOLATION			
NAME OF OFFICER		BADGE NUMBER		STATION ADDRESS									
CLAIMANT 1													
OWNER OF OTHER VEHICLE			AGE	ADDRESS			CITY		STATE	ZIP	PHONE		
DRIVER (IF OTHER THAN ABOVE)			AGE	ADDRESS			CITY		STATE	ZIP	PHONE		
MAKE OF VEHICLE	MODEL	YEAR	LICENSE NO.		AREA OF DAMAGE		DAMAGE ESTIMATE		WHERE VEHICLE CAN BE SEEN				
CLAIMANT 2													
OWNER OF OTHER VEHICLE			AGE	ADDRESS			CITY		STATE	ZIP	PHONE		
DRIVER (IF OTHER THAN ABOVE)			AGE	ADDRESS			CITY		STATE	ZIP	PHONE		
MAKE OF VEHICLE	MODEL	YEAR	LICENSE NO.		AREA OF DAMAGE		DAMAGE ESTIMATE		WHERE VEHICLE CAN BE SEEN				
WITNESS INFORMATION													
NAME	ADDRESS		CITY			STATE	ZIP		PHONE				
NAME	ADDRESS		CITY			STATE	ZIP		PHONE				
PROPERTY DAMAGE – OTHER THAN AUTO (I.E., FENCE, CANOPY)													
OWNER OF PROPERTY		ADDRESS			CITY		STATE	ZIP		PHONE			
DESCRIBE DAMAGED PROPERTY	LOCATION OF PROPERTY			CITY		STATE	ZIP		EXTENT OF DAMAGE			\$	

INJURIES TO OTHER DRIVERS OR PASSENGERS							
NAME		PHONE-HOME		NAME		PHONE-HOME	
ADDRESS		PHONE-WORK		ADDRESS		PHONE-WORK	
CITY		STATE		CITY		STATE	
		ZIP				ZIP	
OCCUPATION		WHERE TAKEN		OCCUPATION		WHERE TAKEN	
<input type="checkbox"/> FATALITY <input type="checkbox"/> BLEEDING OR DISTORTED WOUND <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> NO VISIBLE INJURY – COMPLAINED OF PAIN <input type="checkbox"/> OTHER _____		<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR VEHICLE <input type="checkbox"/> IN CLAIMANT VEHICLE		<input type="checkbox"/> FATALITY <input type="checkbox"/> BLEEDING OR DISTORTED WOUND <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> NO VISIBLE INJURY – COMPLAINED OF PAIN <input type="checkbox"/> OTHER _____		<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR VEHICLE <input type="checkbox"/> IN CLAIMANT VEHICLE	
ADDITIONAL REMARKS							
DESCRIBE ACCIDENT				VEHICLE PEDESTRIAN			
				ACCIDENT DIAGRAM INDICATE NORTH 			
WHAT STREET WERE YOU ON?		CLAIMANT 1		CLAIMANT 2			
WHAT DIRECTION WERE YOU TRAVELING?		CLAIMANT 1		CLAIMANT 2			
WEATHER CONDITIONS <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> ICY <input type="checkbox"/> FOGGY <input type="checkbox"/> SNOWY				TRAFFIC CONDITIONS <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY			
SPEED LIMIT		WERE YOU FAMILIAR WITH AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		TRAFFIC CONTROLS			

REPORTED BY:

SIGNATURE OF DRIVER

DATE

SIGNATURE OF SUPERVISOR

DATE

Distribution: Original to: NBSIA
 380 A Chadbourne Road
 Fairfield, CA 94534

Copies to: District
 Site