

- Stop at once
- Call an ambulance for anyone seriously injured
- Contact the local police authority
- Obtain the name, address and phone # of all persons in the other vehicle(s)
- Obtain the name, address and phone # of all witnesses
- Obtain the license number and state of registration of the other vehicle(s)
- Phone your supervisor if there is personal injury or extensive property damage
- Do not discuss the accident with anyone other than the police authority, your employer or a representative of Keenan & Associates
- Complete this report as soon as possible and submit to the District office
- DO NOT ADMIT RESPONSIBILITY

## LIABILITY COVERAGE

This vehicle is owned by a public entity and is selfinsured through the membership in a joint powers insurance authority pursuant to the California Government Code. Section 16020 (B) (4) of the California Vehicle Code specifically exempts public entities from having to provide proof of financial responsibility.

Time

INJURED		WITNESSES			
Name		Name			
Address			Address		
City	State	Zip	City	State	Zip
Home Phone	Work Phone		Home Phone	Work Phone	
Nature of Injury Reporte	d at Time of Accident				
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone	Work Phone		Home Phone	Work Phone	
Nature of Injury Reporte	d at Time of Accident				
Name	Name		Name		
Address			Address		
City	State	Zip	City	State	Zip
	Name Address City Home Phone Nature of Injury Reporte  Name Address City Home Phone Nature of Injury Reporte	Name  Address  City State  Home Phone Work Phone  Nature of Injury Reported at Time of Accident  Name  Address  City State  Home Phone Work Phone  Nature of Injury Reported at Time of Accident	Name  Address  City State Zip  Home Phone Work Phone  Nature of Injury Reported at Time of Accident  Name  Address  City State Zip  Home Phone Work Phone  Nature of Injury Reported at Time of Accident	Name  Address  Address  City State Zip City  Home Phone Work Phone Home Phone  Nature of Injury Reported at Time of Accident  Name  Address  City State Zip City  Home Phone Work Phone Home Phone  Name  Name  Name  Name  Name  Name  Nature of Injury Reported at Time of Accident	Name  Address  City State Zip City State  Home Phone Work Phone  Nature of Injury Reported at Time of Accident  Name  Address  City State Zip City State  Home Phone Work Phone  Name  Name  Address  City State Zip City State  Home Phone Work Phone  Nature of Injury Reported at Time of Accident  Name  Name  Name  Name  Name  Name