

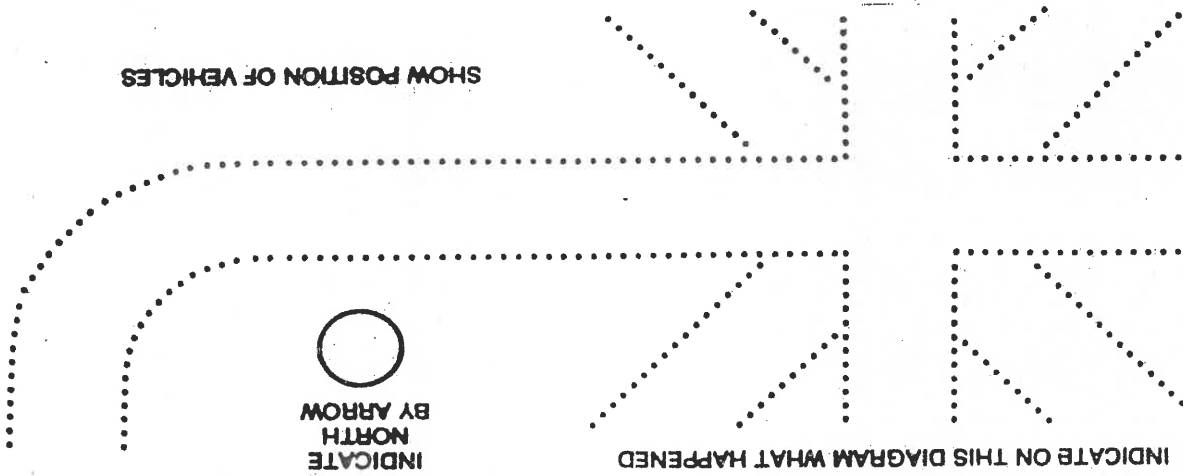
DISTRICT VEHICLE INFORMATION

DRIVER: \_\_\_\_\_  
LICENSE #: \_\_\_\_\_  
VEHICLE YEAR; MAKE; MODEL: \_\_\_\_\_  
VEHICLE LICENSE #: \_\_\_\_\_  
AREA OF DAMAGE: \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE HOW ACCIDENT OCCURRED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIAGRAM OR ADDITIONAL NOTES:



ALLIANCE OF  
SCHOOLS FOR  
COOPERATIVE  
INSURANCE  
PROGRAMS



**ACCIDENT  
REPORT FORM**

Submit to:

**ASCIP CLAIMS**  
16550 Bloomfield Avenue  
Cerritos, CA 90703  
Tel: 562-404-8029  
Fax: 562-404-4515

This vehicle is owned/leased by  
**Peralta 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 \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

**TOTAL # 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

**WITNESS #1:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_

**WITNESS #2:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_

**WITNESS #3:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_  
WORK PHONE # \_\_\_\_\_

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

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