

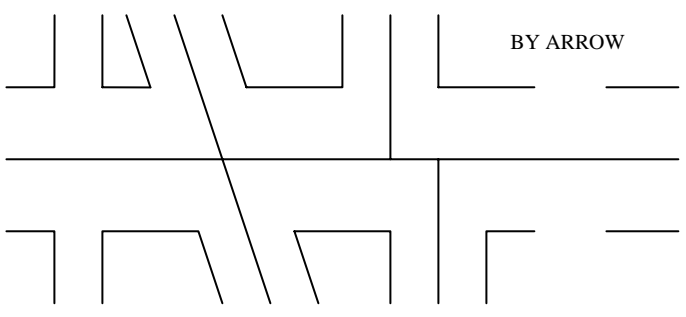


NORTH BAY SCHOOLS INSURANCE AUTHORITY
380 CHADBOURNE ROAD, SUITE A, FAIRFIELD, CA 94534

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
OCCUPATION		WHERE TAKEN		OCCUPATION	
<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 _____	
ADDITIONAL REMARKS					
DESCRIBE ACCIDENT			VEHICLE  PEDESTRIAN 		
_____ _____ _____ _____ _____			ACCIDENT DIAGRAM INDICATE NORTH BY ARROW 		
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

**PLEASE RETURN ORIGINAL FORM, CAMERA ETC
TO ALEXANDRA MORRIS/SCOE MAIN OFFICE**