



VEHICLE ACCIDENT/DAMAGE REPORT

IF YOU HAVE AN ACCIDENT

DO:

1. Call 911 immediately if injuries are involved and request medical assistance
2. Call Campus Police when involved in a vehicle accident (562) 985-4101
3. Notify your manager/supervisor immediately
4. Obtain the other driver's license number, insurance information from their Insurance Verification card and a description of the vehicle from their registration card.
5. Complete Accident Investigation Card and give it to the other driver (NOTE: **This only applies when driving the company's van/cart's**)
6. **If safe** and if other party agrees take pictures of damaged portions of all vehicles.

DO NOT:

1. Admit any responsibility or make any statements about the accident to anyone other than:
 - Police Officer,
 - Your Manager/Supervisor
 - Risk Management Department.

Remember that you are an employee of the Forty-Niner Shops and need to act professionally at all times

Employee shall complete all applicable sections of this form.

In case of driver injury, the manager/supervisor shall complete this form. Submit this form to your **supervisor the same day but no later than the next business day** after the accident. **Please submit this to Human Resources.**

Manager/Supervisor: In case of a driver injury please make sure we follow Workers Compensation checklist for proper documentation and procedures.

ACCIDENT

DAMAGE/NOT ACCIDENT RELATED

Date: _____ Time: _____ AM PM

Location: _____

VEHICLE TYPE:

Personal Company Van Carts Forklift

Vehicle: _____

Year	Make	Body Style
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Driver's License No. _____ Vehicle No. _____

Department: _____

Job Title _____

Supervisor _____

Description of Damage: _____

No. of Passengers: _____

The following sections are to be completed only for accidents

OTHER VEHICLE:

Driver's Name: _____

Address: _____

Phone: _____ # Passenger _____

Driver's License No. _____ State: _____

Vehicle: _____
Year Make Body Style

Vehicle License Plate No. _____ State: _____

Insurance Co. _____

Policy No. _____

Damage: _____

LAW ENFORCEMENT:

Name: _____ Badge No. _____

Agency: _____ Report No. _____

Did you receive a Ticket? _____ Did not respond to incident

INJURED PERSONS:

1. Name: _____
Address: _____
Phone: _____
Nature and Extent: _____

2. Name: _____
Address: _____
Phone: _____
Nature and Extent: _____

WITNESSES:

N/A

1. Name: _____
Address: _____
Phone: _____
Witness Statement: _____

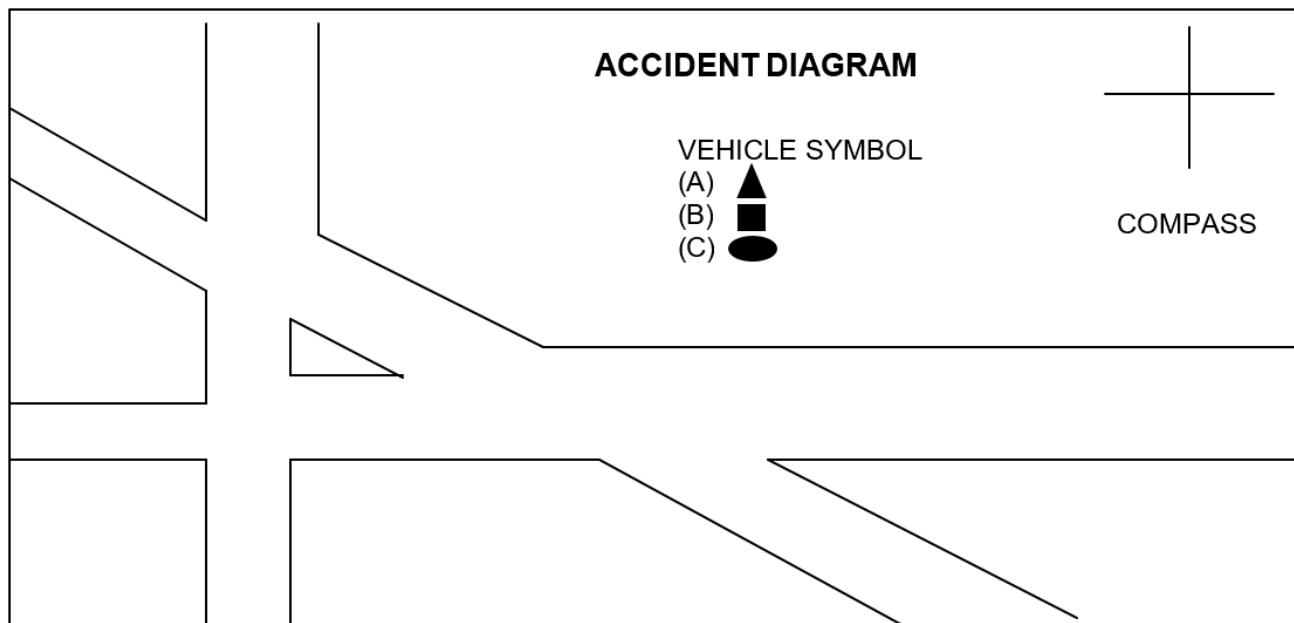
2. Name : _____
Address: _____
Phone: _____

Witness Statement: _____

WAS AMBULANCE CALLED? Yes No

INSTRUCTIONS FOR FILLING OUT ACCIDENT DIAGRAM

- Indicate compass direction on diagram
- Name streets or roads and (if any) railroad tracks
- Indicate direction and position of each vehicle involved in the accident
- The letter (A) is designated to 49er Shops vehicle and (B), (C), etc., for other vehicle(s)



What was the purpose of the travel? _____

Road Type: Residential Business/Commercial Freeway/Highway Alley Parking Lot Rural Road

Describe what occurred: _____

Weather Conditions: Clear Overcast/Foggy Light Rain Medium Rain Heavy Rain Standing Water

Were seatbelts being worn? Yes No

Signatures

Employee: By signing this document you are confirming that the information provided is accurate and complete.

Employee's/Driver's Signature

Date

Printed Name

Manager/Supervisor: By signing this document, you are confirming that you have reviewed the information on this form with the employee for thoroughness and accuracy.

Manager/Supervisor's Signature

Date

Printed Name

Manager/Supervisor's Instructions: Prepare a Manager/Supervisor's Accident Report within one (1) working day following the date of the accident and submit to the Human Resources/Risk Management Department.

Risk Management Comments:

Training Recommended: Yes No

Sent to CSURMA AORMA: Yes No

Human Resources Representative Signature

Date