



## Automobile Accident Form

Risk Management 2323 N. Broadway, Santa Ana, Ca 92706 714-480-7570

Accident Date / Time / Location											
Date	Time	Location									
Your Information											
Your Name			DL#		Worksite		Department		Faculty	Staff	Student
Work Phone #		Home or Cell #		Your Supervisor				Supervisor's Number			
RSCCD Vehicle											
Year	Make	Model		License #		RSCCD Vehicle #		Vehicle Identification Number (VIN)			
Purpose of using vehicle at the time of the accident											
Occupants of vehicle or other witnesses (Name, Address, Phone Number) Use back of form is more space is needed.											
1											
2											
3											
4											
Damage to Our Vehicle											
Other Vehicle and Driver's Information											
Driver's Name			DL# & Issuing State		Address, City, State, Zip				Phone #		
Year	Make	Model		License #		Name of Insurance Company & Policy Number					
Damage to Their Vehicle											
Person's Injured (Name, Address, Phone, Age, Injuries)											
1											
2											
3											
3											
Description of What Occurred											
Reported to Police?		If yes, specify name, badge #, location & case #					Weather conditions at time of accident				
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p>Please diagram the accident scene naming all streets and showing all vehicles and direction of travel.</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">A --&gt; Our Vehicle</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">B --&gt; Their Vehicle</div> </div> <div style="width: 75%; text-align: center;"> </div> </div>											
Signature					Date						