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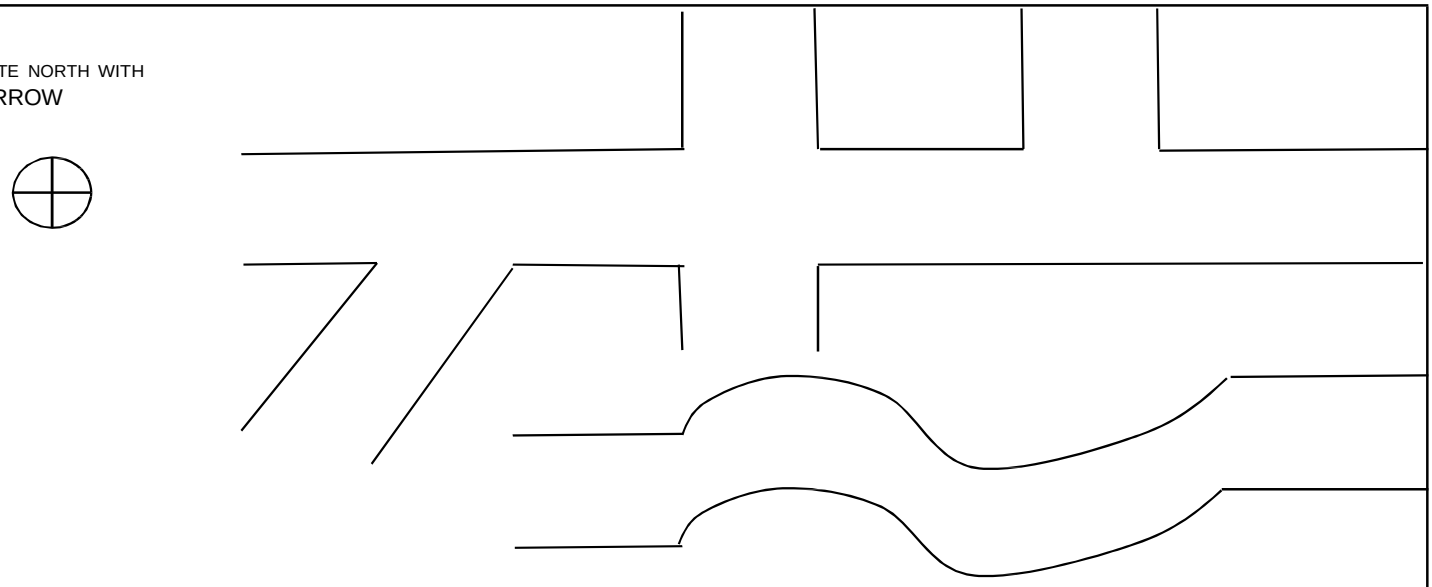
Vehicle Accident Report

(Other than buses)

CONFIDENTIAL DOCUMENT
For use by School District and CRMA only.

<table>
<tr><td colspan="2">School District
Golden Plains Unified</td><td colspan="6">School Site – Name and Address</td></tr>
<tr><td>Time & Place</td><td colspan="2">Date & Time of Loss:</td><td colspan="5">Location of Accident:</td></tr>
<tr><td rowspan="8">District Vehicle</td><td>Year</td><td>Make</td><td>Model</td><td>Vehicle No.</td><td colspan="2">Vehicle ID No.</td></tr>
<tr><td colspan="3">Name of District Driver:</td><td colspan="2">Operator’s License No.</td><td>Telephone:</td></tr>
<tr><td colspan="2">Position:</td><td>Dept:</td><td colspan="3">Home Address:</td></tr>
<tr><td colspan="6">Purpose for which vehicle was in use at the time of the accident:</td></tr>
<tr><td colspan="2">Police Notified?</td><td colspan="4">Describe how accident occurred:</td></tr>
<tr><td colspan="6">Other Information:</td></tr>
<tr><td colspan="2">Estimated cost of repair:</td><td colspan="4">Description of damages:</td></tr>
<tr><td colspan="6"></td></tr>
<tr><td rowspan="4">Other Vehicle</td><td>Year</td><td>Make</td><td>Model</td><td colspan="2">Vehicle License No.</td><td>Operator’s License No.</td></tr>
<tr><td colspan="2">Owner:</td><td colspan="2">Address:</td><td>Telephone Number:</td></tr>
<tr><td colspan="2">Driver:</td><td colspan="2">Address:</td><td>Telephone Number:</td></tr>
<tr><td colspan="3">Insurance Company:</td><td>Policy No.</td><td>Telephone Number:</td></tr>
<tr><td rowspan="4">Passengers in Vehicle</td><td colspan="6">Other Information:</td></tr>
<tr><td colspan="3">Name & Address:</td><td>Telephone No.</td><td>Vehicle:</td></tr>
<tr><td colspan="3">Name & Address:</td><td>Telephone No.</td><td>Vehicle:</td></tr>
<tr><td colspan="3">Name & Address:</td><td>Telephone No.</td><td>Vehicle:</td></tr>
<tr><td colspan="2">Were any drivers or passengers injured?</td><td>Yes</td><td>No</td><td colspan="2">Indicate injured parties below:</td></tr>
<tr><td colspan="2" rowspan="2">Name</td><td colspan="2" rowspan="2">Address</td><td colspan="2">Vehicle 1</td><td colspan="2">Vehicle 2</td></tr>
<tr><td>Driver</td><td>Pass.</td><td>Driver</td><td>Pass.</td></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td></td><td></td><td colspan="2"></td></tr>
<tr><td colspan="2">Prepared by:</td><td colspan="2">Date & Time:</td><td colspan="4">Signature:</td></tr>
</table>

INDICATE NORTH WITH
AN ARROW



Indicate in the diagram the layout of vehicles, etc. for this accident as close as possible to the actual scene as you can remember. Give your complete description of this accident below.

TRAFFIC LANES	ROADWAY		SIGNALS	PAVING	WEATHER	LIGHT
NO. OF LANES	STRAIGHT	DRY	STOP SIGN	CEMENT	CLEAR	DAYLIGHT
LANES MARKED	CURVE	WET	TRAFFIC LIGHT	TARVIA	RAIN	DARK
LANES UNMARKED	DOWN GRADE	MUDDY	POLICEMAN	BRICK	SNOW	DUSK
WIDTH OF EACH	UP GRADE	SNOWY	WARNING SIGNAL	ASPHALT	SLEET	DAWN
NO ROAD DEFECTS	LEVEL	ICY	R.R. GATES	GRAVEL	FOG	
FT.	HILLCREST	OILY		NONE		IF DARK, WAS HIGHWAY LIGHTED?
DIVIDED.			(OTHER)		(OTHER)	
HOLES, RUTS, ETC.						YES NO
LOOSE MATERIAL	FLAGS, FLARES, FUSEES, ETC. DISPLAYED:		WORKING	LOCATION		
(OTHER) (OTHER)			NOT WORKING	CITY & SUBURBAN RURAL	INTERSECTION NON-INTERSECTION	

	LOCATION ON ROADWAY WHEN DANGER NOTICED	DIRECTION TRAVELING	DISTANCE TO IMPACT	LOCATION ON ROADWAY AT IMPACT	DISTANCE TRAV. AFTER IMPACT	LENGTH OF SKID MARKS
Dist Veh			FT.		FT.	FT.
OTHER VEH.					FT.	FT.

DESCRIBE ACCIDENT FULLY (CONTINUE ON ADDITIONAL SHEET IF REQUIRED.)

SIGNATURE OF DRIVER'S SUPERVISOR | DATE | DRIVER'S SIGNATURE | DATE OF REPORT