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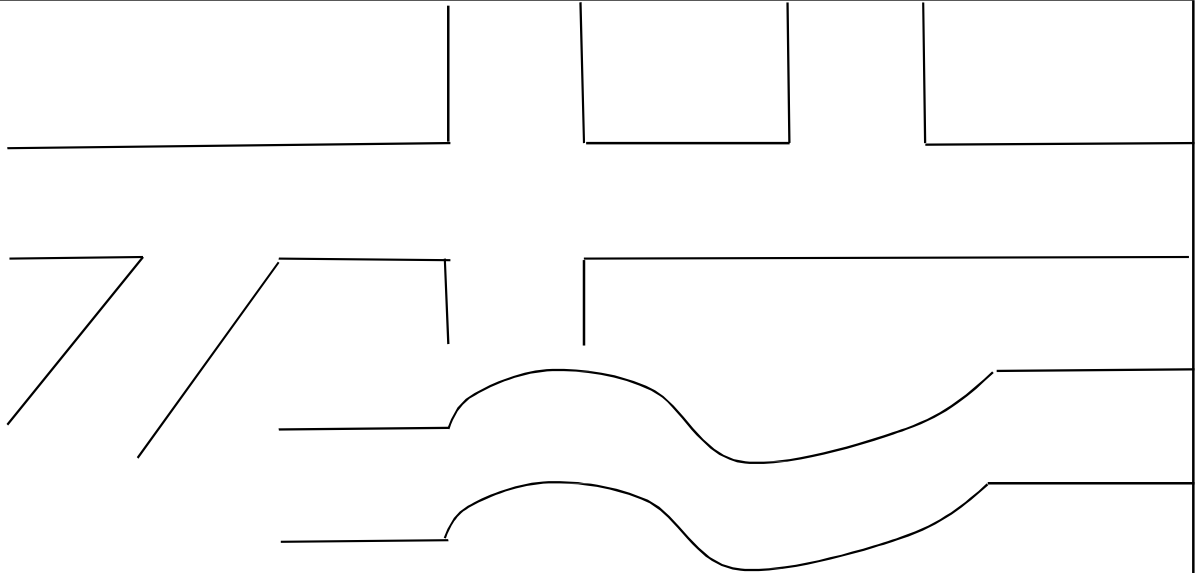
Vehicle Accident Report

(Other than buses)

CONFIDENTIAL DOCUMENT
For use by School District and CRMA only.

| | | | | | |
|---------------------------------------------------|-------------------------------------------------------------------|--------------------------------|---------------------------------|---------------------------------|------------------------|
| School District Mariposa County Unified | | School Site – Name and Address | | | |
| Time & Place | Date & Time of Loss: | Location of Accident: | | | |
| District Vehicle | Year | Make | Model | Vehicle No. | Vehicle ID No. |
| | Name of District Driver: | | | Operator's License No. | Telephone: |
| | Position: | | Dept: | Home Address: | |
| | Purpose for which vehicle was in use at the time of the accident: | | | | |
| | Police Notified? | | Describe how accident occurred: | | |
| | Other Information: | | | | |
| | Estimated cost of repair: | | Description of damages: | | |
| Other Vehicle | Year | Make | Model | Vehicle License No. | Operator's License No. |
| | Owner: | | | Address: | Telephone Number: |
| | Driver: | | | Address: | Telephone Number: |
| | Insurance Company: | | | Policy No. | Telephone Number: |
| Passengers in Vehicle | Other Information: | | | | |
| | Name & Address: | | | Telephone No. | Vehicle: |
| | Name & Address: | | | Telephone No. | Vehicle: |
| | Name & Address: | | | Telephone No. | Vehicle: |
| Were any drivers or passengers injured? | | Yes | No | Indicate injured parties below: | |
| Name | | Address | | Vehicle 1 Driver | Vehicle 2 Pass. |
| | | | | | |
| | | | | | |
| Prepared by: | | Date & Time: | | Signature: | |

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

| | 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 _____