

VEHICLE ACCIDENT REPORT

916.376.5300

STD 270 (Rev. 8/2016)

claims@dgs.ca.gov

****CONFIDENTIAL INFORMATION******DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF
THE OFFICE OF RISK AND INSURANCE MANAGEMENT.***This report must be received by ORIM within 2 business days after accident.***STATE DRIVER**

NAME			EMPLOYING DEPARTMENT		
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	JOB TITLE		
STATE DRIVER'S EMAIL			OFFICE ADDRESS (Street, City, State, Zip Code)		
WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, attach explanation)			SUPERVISOR NAME		
DATE LAST STATE DEFENSIVE DRIVER TRAINING COMPLETED: _____		<input type="checkbox"/> NOT TAKEN	SUPERVISOR EMAIL		SUPERVISOR PHONE

STATE VEHICLE

VEHICLE LICENSE NUMBER	VEHICLE YEAR	MAKE	MODEL	VEHICLE EQUIPMENT NUMBER
VEHICLE OWNER: Indicate Dept. Owned*, Rental*, DGS Pool, or Employee Owned				* If Dept. Owned or Rental, Enter Owner's Name
DESCRIBE DAMAGES TO STATE VEHICLE				

ACCIDENT DETAILS

ACCIDENT LOCATION (Address/Area)			ACCIDENT DATE	ACCIDENT TIME	HOW FAST WERE YOU DRIVING?	EST. SPEED OF OTHER VEHICLE
ROAD CONDITIONS				POLICE REPORT MADE? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
CITY	STATE	ZIP CODE	WEATHER CONDITIONS		INVESTIGATING AGENCY NAME AND ADDRESS	
COUNTY			TRAFFIC CONDITIONS			

ACCIDENT DETAILS - DESCRIPTION

FULLY STATE HOW THE ACCIDENT OCCURRED (Additional sheets may be attached if necessary)

OTHER VEHICLE

DRIVER'S NAME			VEHICLE LICENSE NO.	VEHICLE YEAR	MAKE	MODEL
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	REGISTERED OWNER		OWNER PHONE	NO. OF PASSENGERS
DRIVER'S ADDRESS			OWNER ADDRESS (Street, City, State, Zip Code)			
CITY		STATE	ZIP	NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE		
BRIEFLY DESCRIBE DAMAGE TO OTHER VEHICLE/PROPERTY						

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INJURED

NAME	DATE OF BIRTH	ADDRESS <i>(Street, City, State, Zip Code)</i>
NAME	DATE OF BIRTH	ADDRESS <i>(Street, City, State, Zip Code)</i>

WITNESS

NAME	PHONE	ADDRESS <i>(Street, City, State, Zip Code)</i>
NAME	PHONE	ADDRESS <i>(Street, City, State, Zip Code)</i>

ADDITIONAL VEHICLE

DRIVER'S NAME			VEHICLE LICENSE NO.	VEHICLE YEAR	MAKE	MODEL
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	REGISTERED OWNER			OWNER PHONE
DRIVER'S ADDRESS <i>(Street, City, State, Zip Code)</i>			OWNER ADDRESS <i>(Street, City, State, Zip Code)</i>			

NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE

DESCRIBE DAMAGE TO OTHER VEHICLE/PROPERTY