

STATE OF CALIFORNIA  
**REPORTING AUTOMOBILE ACCIDENTS**

The State administers a vehicle liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the State while operating a state-owned vehicle while on official business.

All vehicle accidents which in any way involve personal injury or property damage to others **must be reported within 48 hours** on Report of Vehicle Accident form STD. 270. The completed report must be signed by the operator and approved by his or her supervisor.

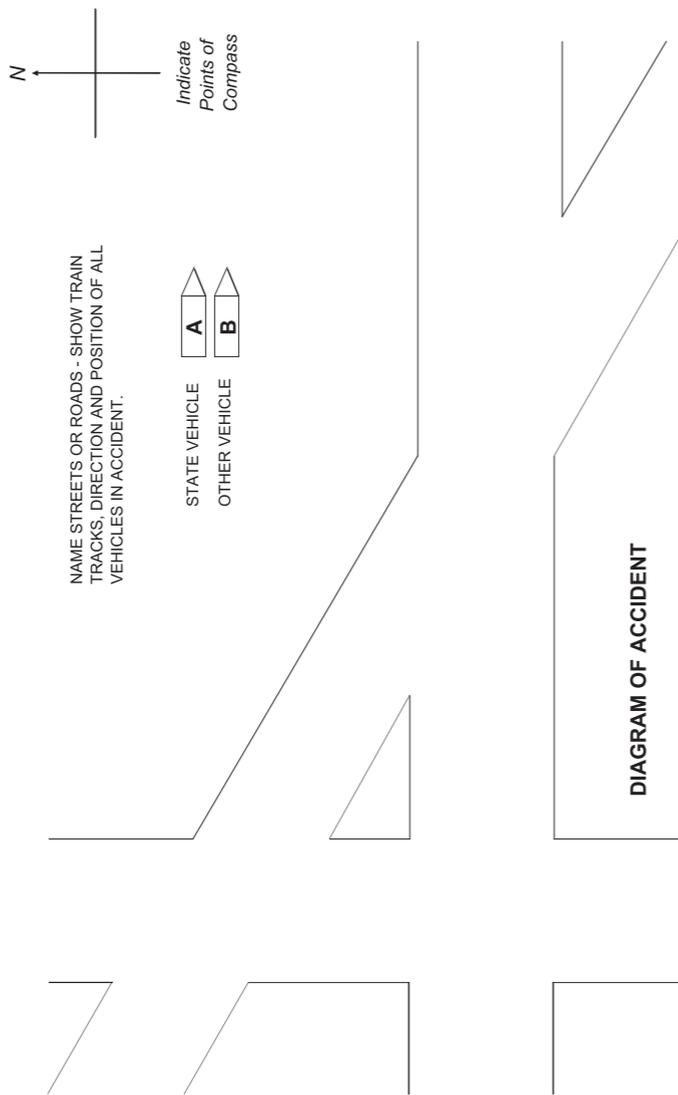
Accidents resulting in any *injury* to persons other than employees, or involving **serious damage to the property** of others, must be reported **immediately** by telephone to the Office of Risk and Insurance Management or an **advance** copy of STD. 270 **may** be faxed to the ORIM.

**DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:**

- a. Investigating Traffic Officers
- b. Your Supervisors
- c. Authorized State Officers
- d. State's Insurance Adjusters

Subsequent to any accident involving a State vehicle, all communications and forms, including Summons and Complaint, must be forwarded to the Department of General Services, Office of Risk and Insurance Management, Sacramento. Transmittal letter should include date and place of service together with any other pertinent information, including name of person or agency served and date of service.

**COMPLETE ENTRIES ON ACCIDENT IDENTIFICATION CARD—DETACH AND GIVE TO OTHER DRIVER**



ACCIDENT DATA		CITY		COUNTY	APPROXIMATE ROAD WIDTH	REPORT NUMBER
HOUR	DATE	AM	PM		DISTANCE FROM CURB	FEET
	LOCATION (ADDRESS, INTERSECTION, ETC.)					FEET
<b>INVESTIGATED BY</b>						
<input type="checkbox"/>	POLICE DEPT.	CITY OF		COUNTY OF		
<input type="checkbox"/>	SHERIFF'S DEPT.			CITY		
<input type="checkbox"/>	CHP			NAME AND LOCATION		
<input type="checkbox"/>	OTHER					
<b>OCCUPANTS OF OTHER VEHICLE</b>						
NAME	ADDRESS	ADDRESS	ADDRESS	ADDRESS	ADDRESS	PHONE
NAME	ADDRESS	ADDRESS	ADDRESS	ADDRESS	ADDRESS	PHONE
NAME	ADDRESS	ADDRESS	ADDRESS	ADDRESS	ADDRESS	PHONE
NAME	ADDRESS	ADDRESS	ADDRESS	ADDRESS	ADDRESS	PHONE
NAME	ADDRESS	ADDRESS	ADDRESS	ADDRESS	ADDRESS	PHONE

STATE OF CALIFORNIA - DGS ORIM

**ACCIDENT IDENTIFICATION**

STD. 269 (REV. 9/2013)

**IMPORTANT**

Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.

DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

DEPARTMENT EMPLOYED BY

DATE AND LOCATION OF ACCIDENT

YEAR AND MAKE OF STATE VEHICLE

LICENSE NUMBER OF STATE VEHICLE

**E**

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO:

**OFFICE OF RISK AND INSURANCE MANAGEMENT**  
**DEPARTMENT OF GENERAL SERVICES**  
**707 THIRD STREET, FIRST FLOOR**  
**WEST SACRAMENTO, CA 95605**  
**Internet: claims@dgs.ca.gov**

(916) 376-5300  
 1-800-900-3634 Toll Free

**IMPORTANT**

ASK NAMES AND ADDRESSES OF **WITNESSES FIRST**

	NAME	
1	ADDRESS	PHONE
	NAME	
2	ADDRESS	PHONE
	NAME	
3	ADDRESS	PHONE

**INJURED PERSONS**

NAME		AGE
ADDRESS		PHONE
HOSPITAL TAKEN TO		
NAME		AGE
ADDRESS		PHONE
HOSPITAL TAKEN TO		

**OTHER VEHICLES**

LICENSE	YEAR	MAKE
REGISTERED OWNER		
ADDRESS		CITY
DRIVER'S NAME		
ADDRESS		CITY
OPERATOR'S LICENSE NUMBER		EXPIRATION DATE

(OVER)

**NOTE:** This accident identification card (on reverse) should be filled out, detached and given to other driver.

**EVIDENCE OF FINANCIAL RESPONSIBILITY**  
This vehicle is owned or leased by the State of California, a public entity, and operated by employees or agents of the State. California Vehicle Code Sections 16000, 16020, 16021 et seq. state that ownership or lease of a vehicle by a public entity establishes evidence of financial responsibility.

**REPORTING OF CLAIMS**

In case of accident resulting in **injury** to persons (other than employees), or involving **serious damage** to the property of others, call the Office of Risk and Insurance Management **IMMEDIATELY** (or FAX an advance copy of STD. 270, Vehicle Accident Report, to):

OFFICE OF RISK AND INSURANCE MANAGEMENT  
(916) 376-5300/5302 (CALNET: 480-5300/5302) or  
1-800-900-3634 TOLL FREE  
FAX (916) 376-5277  
On weekends or holidays, leave a Voice Mail message  
(which will be returned on the next business day).