

DISTRICT VEHICLE INFORMATION

DISTRICT DRIVER

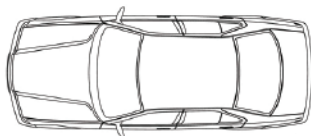
DRIVER'S LICENSE NUMBER

DISTRICT VEHICLE YEAR, MAKE & MODEL

DISTRICT VEHICLE LICENSE PLATE

AREA OF VEHICLE DAMAGE (Mark diagram)

SOCCCD
VEHICLE



ACCIDENT DETAILS

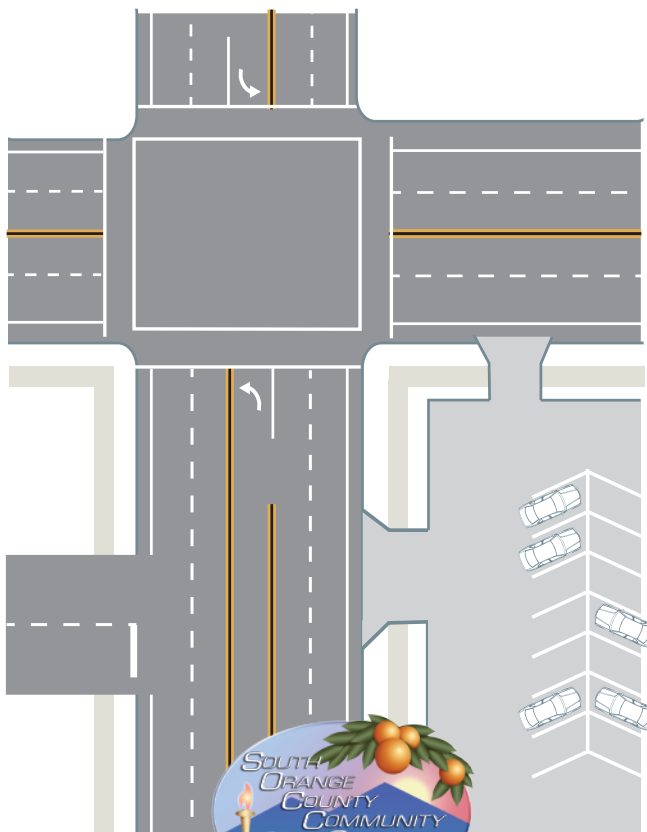
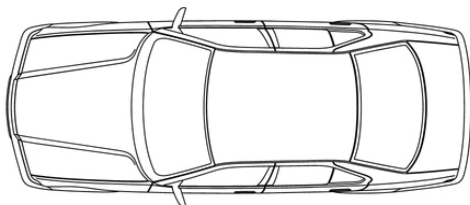
DATE & TIME

LOCATION

NAME OF POLICE DEPT. / ACCIDENT REPORT NO.

WHAT HAPPENED

MARK DAMAGE TO **OTHER PARTY'S VEHICLE**.
IF POSSIBLE, DO A ROUGH SKETCH OF WHAT HAPPENED:



Risk Management, District Business Services

949.348.6043 / 949.348.6065

Fax: 949.364.0949

riskmanagement@socccd.edu

28000 Marguerite Pkwy, Mission Viejo Ca 92692



SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

ACCIDENT REPORT FORM

If an accident happens, you should:

- ☐ **DO NOT LEAVE THE SCENE**
Stop your vehicle in a safe location before getting out.
- ☐ **DETERMINE IF ANYONE IS INJURED**
Call an ambulance for serious injuries.
- ☐ **CALL THE POLICE**
If there is any damage or injury notify the police and have an accident report created. If the accident is on our campus call:
 - Irvine Valley College **949.451.5200**
 - Saddleback College **949.582.4585**
- ☐ **FILL OUT ACCIDENT REPORT FORM**
Record all applicable information listed in this form. Take photos of the accident site, people involved and damage to vehicles.
- ☐ **CALL YOUR SUPERVISOR**
Contact your designated trip supervisor and report any injury or property damage.
- ☐ **EMAIL DISTRICT RISK MANAGEMENT**
Email this form as soon as possible to District Risk Management. You may use photos of this form and the accident site for submission.
riskmanagement@socccd.edu

Only discuss the accident with:

- Police department
- Your direct supervisor
- District Risk Management Dept.

Do not admit responsibility.

OTHER PARTY'S INFO

NAME

ADDRESS

CITY, STATE & ZIP CODE

HOME PHONE / WORK PHONE

DRIVER'S LICENSE NUMBER

OTHER PARTY'S VEHICLE

VEHICLE YEAR, MAKE & MODEL

LICENSE PLATE

AREA OF DAMAGE (diagram on back)

ANY PRIOR DAMAGE?

NUMBER OF PASSENGERS

INSURANCE COMPANY

INSURANCE COMPANY ADDRESS

CITY, STATE & ZIP CODE

INSURANCE COMPANY PHONE NUMBER

ANYONE INJURED?

NAME

ADDRESS

CITY, STATE & ZIP CODE

HOME PHONE / WORK PHONE

INJURY REPORTED AT TIME OF ACCIDENT

INJURED PERSON #2

NAME

ADDRESS

CITY, STATE & ZIP CODE

HOME PHONE / WORK PHONE

INJURY REPORTED AT TIME OF ACCIDENT

INJURED PERSON #3

NAME

ADDRESS

CITY, STATE & ZIP CODE

HOME PHONE / WORK PHONE

INJURY REPORTED AT TIME OF ACCIDENT

ANY WITNESSES?

NAME

ADDRESS

CITY, STATE & ZIP CODE

HOME PHONE / WORK PHONE

WITNESS #2

NAME

ADDRESS

CITY, STATE & ZIP CODE

HOME PHONE / WORK PHONE

WITNESS #3

NAME

ADDRESS

CITY, STATE & ZIP CODE

HOME PHONE / WORK PHONE