## STATE OF CALIFORNIA REPORTING OF AUTOMOBILE ACCIDENTS

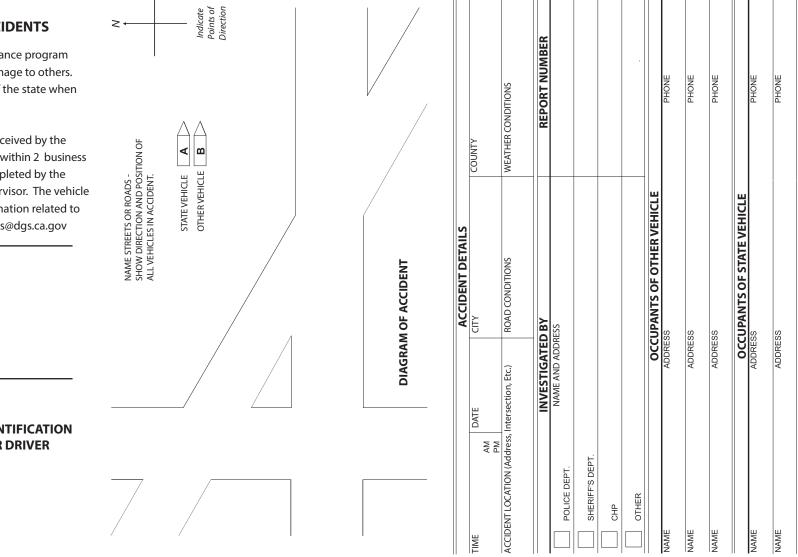
The state administers a vehicle liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the state when operating a vehicle on official state business.

All vehicle accident reports (STD 270) must be received by the Office of Risk and Insurance Management (ORIM) within 2 business days after the accident. The report must be completed by the driver and reviewed and approved by their supervisor. The vehicle accident report, along with any additional information related to the accident should be emailed to ORIM at claims@dgs.ca.gov

# DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:

- 1. Investigating Traffic Officers
- 2. Your Supervisors
- 3. Authorized State Officers
- 4. Office of Risk and Insurance Management Claims Analysts

COMPLETE ENTRIES ON ACCIDENT INDENTIFICATION CARD – DETACH AND GIVE TO OTHER DRIVER



STATE OF CALIFORNIA - DGS OFFICE OF RISK AND INSURANCE MANAGEMENT ACCIDENT IDENTIFICATION STD. 269 (Rev. 8/2016)

#### IMPORTANT

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

STATE DRIVER FULL NAME

STATE DRIVER WORK TELEPHONE NUMBER

STATE DRIVER LICENSE NUMBER

DEPARTMENT EMPLOYED BY

DATE OF ACCIDENT

ACCIDENT LOCATION

YEAR / MAKE / MODEL OF STATE VEHICLE

LICENSE NUMBER OF STATE VEHICLE

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO:

DEPARTMENT OF GENERAL SERVICES OFFICE OF RISK AND INSURANCE MANAGEMENT 707 THIRD STREET, FIRST FLOOR – SUITE 1-150 WEST SACRAMENTO, CA 95605 (916) 376-5300 Email: claims@dgs.ca.gov 1-800-900-3634 Toll Free

(800) 900-3634 TOLL FREE CLAIMS@DGS.CA.GOV (916) 376-5300

OFFICE OF **RISK AND INSURANCE MANAGEMENT**  All vehicle accident reports (STD 270) must be received by ORIM within 2 business days after the accident. The report must be completed by the driver and reviewed and approved by their supervisor. The vehicle accident report, along with any additional information related to the accident should be emailed to ORIM at claims@dgs.ca.gov after

**REPORTING OF CLAIMS** 



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ASK NAMES AND ADDRESSES OF WITNESSES FIRST



### **INJURED PERSONS**

NAME		DOB
ADDRESS	PHONE	
HOSPITAL TAKEN TO		
NAME		DOB
ADDRESS	PHONE	

HOSPITAL TAKEN TO

## **OTHER VEHICLES**

REGISTERED OWNER

ADDRESS CITY

DRIVER'S N	AME

ADDRESS CITY

DRIVER'S LICENSE NO.

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