



# VEHICLE ACCIDENT REPORT

## FOR BODILY INJURY OR DAMAGE TO ANOTHER'S PROPERTY OR FOR DAMAGE TO YOUR VEHICLE

CONFIDENTIAL REPORT: This report is for the confidential use  
of NBSIA, attorneys for the school district, and its employees, in  
defending litigation



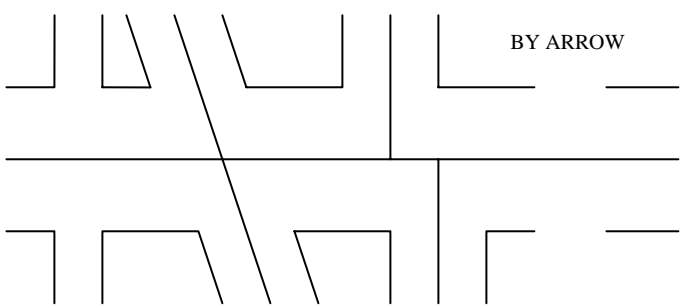
THIS ACCIDENT RESULTED IN:
<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY

DISTRICT												
SCHOOL/SITE			PHONE		DRIVER NAME			PHONE		DATE OF BIRTH		
ADDRESS					ADDRESS					YEARS WITH DIST.		
CITY		STATE		ZIP		CITY		STATE		ZIP		
DRIVERS LICENSE #												
<b>DISTRICT VEHICLE:</b>												
MAKE OF YOUR VEHICLE			YEAR		MODEL		SERIAL NO.		WHERE VEHICLE CAN BE SEEN			
TRAILER (IF APPLICABLE)			YEAR		MODEL		AREA OF DAMAGE			ESTIMATED REPAIR COST \$		
<b>ACCIDENT</b>												
DATE OF LOSS		TIME OF LOSS		LOCATION (STREET OR HIGHWAY)				CITY		STATE		
WERE POLICE CALLED TO SCENE?				POLICE DEPT CALLED				VIOLATION				
NAME OF OFFICER			BADGE NUMBER									
<b>CLAIMANT 1</b>												
OWNER OF OTHER VEHICLE			AGE	ADDRESS			CITY		STATE	ZIP	PHONE	
DRIVER (IF OTHER THAN ABOVE)			AGE	ADDRESS			CITY		STATE	ZIP	PHONE	
MAKE OF VEHICLE	MODEL	YEAR	LICENSE NO.		AREA OF DAMAGE		CARRIER		POLICY#			
<b>CLAIMANT 2</b>												
OWNER OF OTHER VEHICLE			AGE	ADDRESS			CITY		STATE	ZIP	PHONE	
DRIVER (IF OTHER THAN ABOVE)			AGE	ADDRESS			CITY		STATE	ZIP	PHONE	
MAKE OF VEHICLE	MODEL	YEAR	LICENSE NO.		AREA OF DAMAGE		CARRIER		POLICY#			
<b>WITNESS INFORMATION</b>												
NAME		ADDRESS			CITY			STATE	ZIP		PHONE	
NAME		ADDRESS			CITY			STATE	ZIP		PHONE	
<b>PROPERTY DAMAGE – OTHER THAN AUTO (I.E., FENCE, CANOPY)</b>												
OWNER OF PROPERTY		ADDRESS				CITY		STATE	ZIP		PHONE	
DESCRIBE DAMAGED PROPERTY		LOCATION OF PROPERTY			CITY		STATE	ZIP		EXTENT OF DAMAGE \$		

**North Bay Schools Insurance Authority**

380A Chadbourne Road, Fairfield CA 94534 | Phone: (707) 428-1830 | Fax: (707) 428-1848 | [www.nbsia.org](http://www.nbsia.org)



INJURIES TO OTHER DRIVERS OR PASSENGERS							
NAME		PHONE-HOME	NAME		PHONE-HOME		
ADDRESS		PHONE-WORK	ADDRESS		PHONE-WORK		
CITY		STATE	CITY		STATE	ZIP	
WHERE TAKEN			WHERE TAKEN				
<input type="checkbox"/> FATALITY <input type="checkbox"/> BLEEDING OR DISTORTED WOUND <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> NO VISIBLE INJURY – COMPLAINED OF PAIN <input type="checkbox"/> OTHER _____		<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR VEHICLE <input type="checkbox"/> IN CLAIMANT VEHICLE		<input type="checkbox"/> FATALITY <input type="checkbox"/> BLEEDING OR DISTORTED WOUND <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> NO VISIBLE INJURY – COMPLAINED OF PAIN <input type="checkbox"/> OTHER _____		<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR VEHICLE <input type="checkbox"/> IN CLAIMANT VEHICLE	
ADDITIONAL REMARKS							
DESCRIBE ACCIDENT			VEHICLE  PEDESTRIAN 				
_____ _____ _____ _____ _____			ACCIDENT DIAGRAM <span style="float: right;">INDICATE NORTH</span> 				
WHAT STREET WERE YOU ON?		CLAIMANT 1		CLAIMANT 2			
WHAT DIRECTION WERE YOU TRAVELING?		CLAIMANT 1		CLAIMANT 2			
WEATHER CONDITIONS <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> ICY <input type="checkbox"/> FOGGY <input type="checkbox"/> SNOWY			TRAFFIC CONDITIONS <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY				
SPEED LIMIT		WERE YOU FAMILIAR WITH AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		TRAFFIC CONTROLS			

REPORTED BY:

\_\_\_\_\_  
SIGNATURE OF DRIVER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

Distribution: Original to: NBSIA  
 380 A Chadbourne Road  
 Fairfield, CA 94534

Copies to: District  
 Site

