STATE OF CALIFORNIA REPORTING OF AUTOMOBILE ACCIDENTS

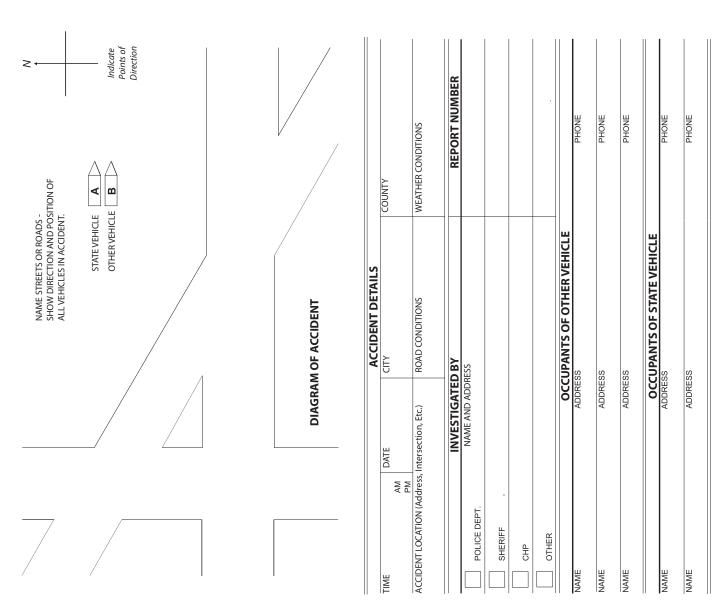
The state administers a vehicle liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the state when operating a vehicle on official state business.

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. 10/2019)

IMPORTANT

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

STATE DRIVER FULL NAME
TATE DRIVER WORK TELEPHONE NUMBER
TATE 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
Email: claims@dgs.ca.gov 1-800-90

1-800-900-3634 Toll Free

(916) 376-5300

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This vehicle is owned or leased by the State of California, a public entity, and REPORTING OF CLAIMS Code of a

OFFICE OF RISK AND INSURANCE MANAGEMENT

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

(916) 376-5300

IMPORTANT						
ASK NAMES AND ADDRESSES OF WITNESSES FIRST						
	NAME					
1	ADDRESS			PHONE		
	NAME					
2	ADDRESS				PHONE	
	NAME					
3	ADDRESS			PHONE		
INJURED PERSONS						
NAME DOB						
ADDRESS				PHONE		
HOSPITAL TAKEN TO						
NAME					DOB	
ADDRESS				PHONE		
HOSPITAL TAKEN TO						
OTHER VEHICLES						
VEHICLE LICENSE NO. YEAR / MAKE / MODEL						
REGISTERED OWNER						
ADDRESS CITY						
DRIVER'S NAME						
ADDRESS CIT			CITY			
DRIVER'S LICENSE NO.						

(OVER)

reverse)

should be filled out, detached and given to other driver.