



**IMPORTANT**

ASK NAMES AND ADDRESSES OF **WITNESSES FIRST**

1	NAME	
	ADDRESS	PHONE
2	NAME	
	ADDRESS	PHONE
3	NAME	
	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	CITY
DRIVER'S LICENSE NO.	

(OVER)

: \_\_\_\_\_(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**

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](mailto:claims@dgs.ca.gov)

**OFFICE OF RISK AND INSURANCE MANAGEMENT**

**(916) 376-5300**

**(800) 900-3634 TOLL FREE**

**[CLAIMS@DGS.CA.GOV](mailto:CLAIMS@DGS.CA.GOV)**