

STATE OF CALIFORNIA
REPORTING 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 while operating a state-owned vehicle while on official business.

All vehicle accidents which in any way involve personal injury or property damage to others must be reported within 48 hours on Report of Vehicle Accident Form STD 270. The completed report must be signed by the operator and approved by his or her supervisor.

Accidents resulting in any injury to persons other than employees, or involving serious damage to the property of others, must be reported immediately by telephone to the office of Risk and Insurance Management or an advance copy of STD 270 may be faxed to the ORIM.

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:

- **Investigating Traffic Officers.**
- **Your Superiors.**
- **Authorized State Officers.**
- **State's Insurance Adjustors.**

Subsequent to any accident involving a State vehicle, all communications, forms, including Summons and Complaint, must be forwarded to the Department of General Services, Office of Risk and Insurance Management, Sacramento. Transmittal letter should include date and place of service together with any other pertinent information, including name of person or agency served and date of service.

COMPLETE ENTRIES ON ACCIDENT IDENTIFICATION CARD. DETACH AND GIVE TO OTHER DRIVER.

ACCIDENT DATA:

Hour:	AM PM	Date:	City:	County:
Location (Address, Intersection)		Distance from Curb: FT	Road Width: FT	
INVESTIGATED BY:			REPORT NUMBER	
<input type="checkbox"/> POLICE DEPARTMENT City Of:				
<input type="checkbox"/> SHERIFF'S DEPARTMENT County Of:				
<input type="checkbox"/> CA HIGHWAY PATROL City Of:				
<input type="checkbox"/> OTHER Name and Location:				
VEHICLE OCCUPANTS OTHER VEHICLE				
Name:		Address:	Phone:	
Name:		Address:	Phone:	
Name:		Address:	Phone:	
STATE VEHICLE				
Name:		Address:	Phone:	
Name:		Address:	Phone:	
Name:		Address:	Phone:	
IMPORTANT: ASK NAMES OF WITNESS FIRST!				
1.	Name:			
	Address:			
2.	Name:			
	Address:			
3.	Name:			
	Address:			
INJURED PERSONS:				
Name:			Age:	
Address:			Phone:	
Hospital Taken To:				
Name:			Age:	
Address:			Phone:	
Hospital Taken To:				
OTHER VEHICLE:				
License:		Year:	Make:	
Address:			City:	
Operator's License Number:			Expiration Date:	

Detach along line

ACCIDENT IDENTIFICATION: STD 269 (CSUMB REV 8/18)

IMPORTANT!

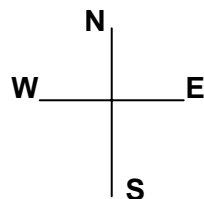
Complete entries below.

DETACH THIS PORTION AND

GIVE TO OTHER DRIVER WHO MAY NEED INFORMATION

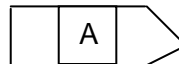
for financial responsibility form.

Driver's Full Name and Work Telephone Number:
Driver's License Number:
Department Employed By:
Date and Location of Accident:
Year and Make of State Vehicle:
License Number of State Vehicle:
Any Injury Regarding Accident May be Addressed To:
OFFICE OF RISK AND INSURANCE MANAGEMENT Department of General Services 707 Third Street, First Floor Sacramento, CA 95605
Internet: claims@dgs.ca.gov
Phone: (916) 376-5302
FAX: (916) 376-5277
Toll Free 1-800-900-3634

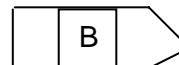


Name Streets or Roads - Show Trolley Tracks, Direction and Position of All Vehicles in Accident.

State Vehicle:



Other Vehicle:



Seaside, CA 93955

CSUMB rev:8-18

**CSUMB Authorized University Vehicle Operator
Contact CSUMB Enterprise Risk Management
at: 831-582-5216**

REPORTING OF CLAIMS:

In case of an accident resulting in injury to persons (other than employees), or involving serious damage to the property of others, call the Office of Enterprise Risk Management IMMEDIATELY and Email and advance copy of STD. 270, Vehicle Accident Report to: risk@csumb.edu

During normal working hours call:

OFFICE OF ENTERPRIS RISK MANAGEMENT

(831) 582-5216

On weekends or holidays, call: UNIVERSITY
POLICE DEPARTMENT: (831) 655-0268

(if EMERGENCY dial: 9-1-1)

You are required to also leave a Voice Mail
message at: 831) 582-5216

(with detailed call back information to be
returned the following business day.

DIAGRAM OF ACCIDENT

This accident identification portion (on reverse)
should be filled out and detached
and given to the 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 vehicle by a public entity establishes evidence of financial responsibility.