

SCHOOL DISTRICT _____

ACCIDENT DATE _____ TIME _____

LOCATION _____

POLICE AGENCY CALLED _____

TIME NOTIFIED _____

OTHER PARTY

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

DRIVER'S LIC.# _____

VEHICLE YR. & MAKE _____

LICENSE NUMBER _____

AREA OF DAMAGE _____

PRIOR DAMAGE _____

**OTHER PARTY'S
INSURANCE INFORMATION**

INSURANCE COMPANY _____

ADDRESS _____

TELEPHONE NUMBER _____

TOTAL # INDIVIDUALS INJURED _____

INJURED PARTY #1:

NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

NATURE OF INJURY _____

WHICH VEHICLE: [] DISTRICT [] OTHER

INJURED PARTY #2:

NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

NATURE OF INJURY _____

WHICH VEHICLE: [] DISTRICT [] OTHER

INJURED PARTY #3:

NAME _____ AGE _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

NATURE OF INJURY _____

WHICH VEHICLE: [] DISTRICT [] OTHER

*If necessary, list additional injured parties
on reverse side or attach additional sheet*

WITNESS #1:

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

WITNESS #2:

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

WITNESS #3:

NAME _____

ADDRESS _____

HOME PHONE # _____

WORK PHONE # _____

*If necessary, list additional witnesses
on reverse side or attach additional sheet*

DISTRICT VEHICLE

DRIVER _____

LICENSE # _____

VEHICLE YR. & MAKE _____

VEHICLE LICENSE # _____

AREA OF DAMAGE _____

DESCRIBE HOW ACCIDENT OCCURRED

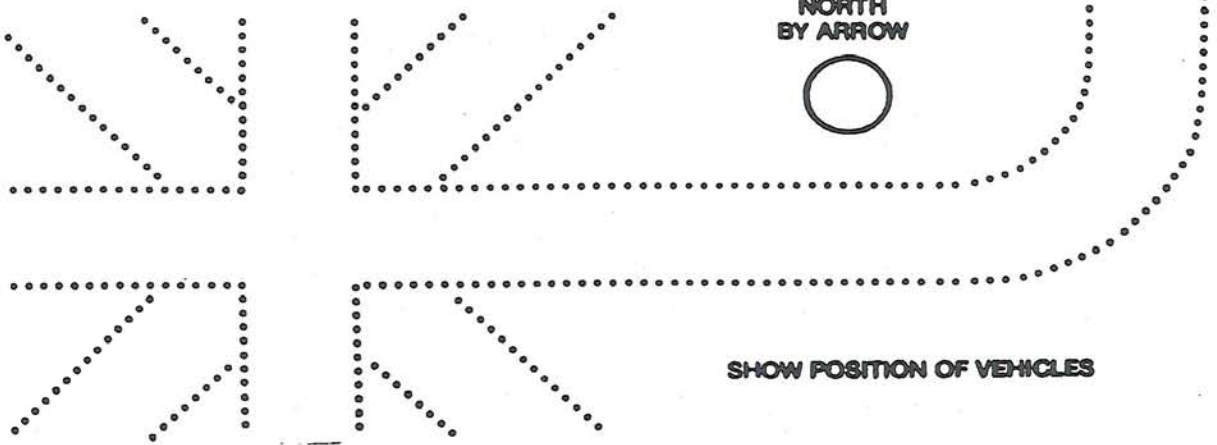
DIAGRAM OR ADDITIONAL NOTES:

INDICATE NORTH BY ARROW



SHOW POSITION OF VEHICLES

INDICATE ON THIS DIAGRAM WHAT HAPPENED



ACCIDENT REPORT FORM



Alliance of Schools for Cooperative Insurance Programs
12750 Center Court Drive, Suite 205
Cerritos, CA 90703
(562) 403-4640

Submit To
Hazelrigg Risk Management Services
14275 Pipeline Avenue
Chino, CA 91710
Telephone: (909) 993-0340
Facsimile: (909) 627-8402

This vehicle is owned/leased by
Santa Monica-Malibu Unified School District
a public entity, as defined in Section 8111.2 of the
Government Code and is permissibly self-insured
through the Alliance of Schools for Cooperative
Insurance Programs (ASCIP), a Joint Powers
Authority. Pursuant to Section 16020(b)(2) and (b)(4)
of the California Vehicle Code (CVC), evidence of
financial responsibility is established through public
agency status and qualification as a self-insurer.