Northern California Schools Insurance Group

(Place a copy of form in each District vehicle)

KNAK & ASSOCIATES

P O Box 990520 Redding, CA 96099 (866) 473-2054 (530) 247-1049 FAX: (530) 247-7108

Report of Auto Accident

- 1. Stop at once.
- 2. Provide assistance to any injured party.
- 3. Contact the local police authority.
- 4. Phone your supervisor if there is personal injury or extensive property damage.
- 5. Do not discuss the accident with anyone other than the police authority, your employer or a representative of KNAK & Associates.
- 6. Complete this report as soon as possible.

LIABILITY COVERAGE

This vehicle is owned by a public entity and is self-insured through the membership in a joint powers insurance authority pursuant to the California Government Code.

Describe how accident occurred:		

Diagram and Miscellaneous (If necessary)

SE3530.00b

Business DISTRICT

District Name:			ncy Called:	
Accident Date:	Time:	Location:		
OTHER PARTY				
Name	Dhona Homa	Wo	wl.	
Address	I none frome	***0		
AddressAuto Yr and Make		License #		
Area of Damaga		Licclise π		
Area of Damage				
Prior Damage Insurance Company		Dho	nna.	
Insurance CompanyAddress			# of passangers	
Address			# or passengers	
<u>INJURED</u>				
Name	Age	Phone Home	Work	
Address	11ge	I none frome	W OIR	
Nature of injury				
Nature of injury				
Name	Age	Phone Home	Work	
Address				
Nature of injury				
Name				
Address				
Nature of injury				
Name				
Address				
Nature of injury				
<u>WITNESS</u>				
Name			Work	
Address				
N	Di II		XX 1	
Name	Phone Home _		Work	
Address				
Name	Dhona Homa		Work	
Address			WOIK	
Address				
Name	Phone Home		Work	
Address			WOIR	
Tiddless				
SCHOOL DISTRICT				
District Name:		District City		
District Name:		_ District City		
<u>DISTRICT VEHICLE</u>				
Driver		License #		
Vehicle Yr/Make	License #			
Area of damage				
<i></i>				
Name and title of person completing the				
Telephone				