

Vehicle Accident Reporting Kit

- IMPORTANT -

What To Do In Case of Accident

1. Stop immediately. Move vehicle out of traffic lanes if possible. If flow of traffic is obstructed, put out emergency reflectors or flares. Ask someone to warn on-coming traffic.
2. In **ALL** accidents call or ask someone to call 9-1-1. If there are injuries, request medical aid.
3. **NEVER** admit liability or agree to pay for damages.
4. Take pictures of the scene and vehicles. (If possible, take photos with camera or cell phone and email immediately to district claims person.)
5. Get names and addresses of witnesses by having them fill out WITNESS COURTESY CARDS (found inside this envelope).
6. Be courteous at scene of accident, do not argue. Show your driver's license willingly.
7. Do not discuss the accident with anyone other than the police, your employer, or the JPIA. Sign no papers unless instructed to do so by your employer or the JPIA.
8. Complete the Driver's Report of Accident form found inside this envelope and submit it to your employer **IMMEDIATELY**.
9. Complete the SR-1 Traffic Accident Report found inside this envelope and submit it to the DMV within 10 days of the accident.

April 2012



ASSOCIATION OF CALIFORNIA WATER AGENCIES
JOINT POWERS
INSURANCE AUTHORITY

INSURANCE IDENTIFICATION CARD



ASSOCIATION OF CALIFORNIA WATER AGENCIES
JOINT POWERS
INSURANCE AUTHORITY

District Name: _____

Driver's Name: _____

The owner of this vehicle participates in a pooled public entity liability coverage program through the Association of California Water Agencies Joint Powers Insurance Authority, P. O. Box 619082, Roseville, CA 95661-9082.

See Vehicle Code #16020, Subsection (b)(4); public entities are exempt from showing proof of insurance.

Information on how to initiate a claim can be obtained by calling 1 (800) 231-5742.

April 2012

Witness Courtesy Card

I'd appreciate your help in filling out this Witness Courtesy Card.

Name: _____ Tel. No.: _____

Address: _____

E-Mail Address: _____

Accident at: _____

Day & Date: _____ Time: _____ AM PM

In your opinion, who was responsible? This Driver Other Driver

Pedestrian Other: _____

Did you see the accident? _____ Was anyone hurt? _____

Were you riding in a vehicle involved? _____

September 2012

ACWA/JOINT POWERS INSURANCE AUTHORITY

P.O. Box 619082, Roseville, California 95661-9082 *** (800) 231-5742 *** fax (916) 774-7040

DRIVER'S REPORT OF ACCIDENT

Agency Name:			
Location of Accident:		Accident Date:	Time: AM PM
Road Conditions:		Weather Conditions:	
Direction of Travel of Your Vehicle:		Speed:	
Direction of Travel of Other Vehicle:		Speed:	
Police Report Taken? Yes / No Police Department:			Report No.:
Name of Police Officer:			Badge No.:
YOUR VEHICLE (VEHICLE #1)			
Year, Make, Model:			
Vehicle ID Number (VIN):		License Plate No.:	
Driver:		Driver License No.:	
Address, City, State:		Home Phone No.:	
Department:	Job Title:	Supervisor:	
Damage to your Vehicle:			
OTHER VEHICLE (VEHICLE #2)			
Driver:		Driver License No.:	
Address, City, State:		Home Phone No.:	
Year, Make, Model:			
License Plate No.:		State:	
Insurance Company:		Policy Number:	
Insurance Broker Name:		Phone No.:	
Damage to Other Vehicle:			
Owner Name:		Phone No.:	
Address, City, State:			
OTHER VEHICLE (VEHICLE #3)			
Driver:		Driver License No.:	
Address, City, State:		Home Phone No.:	
Year, Make, Model:			
License Plate No.:		State:	
Insurance Company:		Policy Number:	
Insurance Broker Name:		Phone No.:	
Damage to Other Vehicle:			
Owner Name:		Phone No.:	
Address, City, State:			

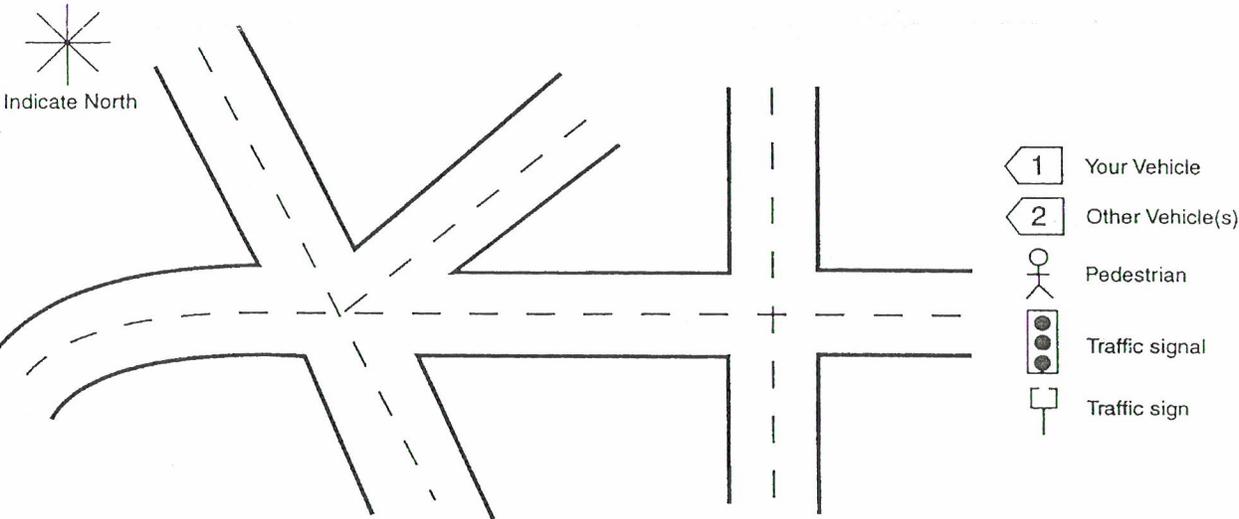
INJURED PERSONS

Name:	Phone No.:
Address, City, State:	
Extent of Injury:	Driver / Passenger / Veh. #
Name:	Phone No.:
Address, City, State:	
Extent of Injury:	Driver / Passenger / Veh. #
Name:	Phone No.:
Address, City, State:	
Extent of injury:	Driver / Passenger / Veh. #

NARRATIVE REPORT: Briefly describe the accident. Add pertinent information not addressed above.

Completed by:	Date Submitted:
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DIAGRAM: Show the position of each vehicle at the time of the accident and number them according to the numbers listed above. Indicate the direction of travel using arrows. Indicate traffic signs or signals. Show stationary objects.



Indicate North.

Possible Factors Involved with Vehicle Accident

Date: _____ Vehicle #: _____

Driver: _____

Passenger(s): _____

Location of Incident: _____ Time: _____

1. Equipment Failure -

- Brakes -
- Tires -
- Steering & Suspension -
- Mirrors
- Deferred Maintenance
- Lack of regular inspection by trained individuals

2. Roadway Design -

- Hazard Visibility -
- Roadway Surfaces -
- Traffic Control Devices -
- Traffic Flow -
- Roadway Identification Signs -
- Weather -

3. Roadway Maintenance -

- Debris on the roadway
- Faded road signs or sight obscured by foliage,
- Potholes
- Roadway construction
- Salting & Sanding -

4. Driver Behavior -

- Experience / Training in type / size of vehicle
- Excessive speed
- Frequent or unsafe lane changes
- Failure to signal
- Tailgating
- Failure to yield the right of way
- Disregard for traffic regulations
- Impaired driving (Drug & Alcohol Reasonable Suspicion conducted?)
- Road Rage
- Backing without spotter
- Inadequate training as to driving technique, safety concerns, and defensive driving.
- Excessive hours of consecutive vehicle operation than would normally be advisable.
- Unrealistic schedules and expectations that encourage drivers to hurry, despite safety risks involved.
- Driving in the "No-Zones" - the areas behind and beside truck/large vehicle where the driver has limited or zero visibility
- Changing lanes abruptly in front of a vehicle

- Maneuvering to the right of a vehicle that is making a right turn.
- Misjudging an approaching vehicle's speed at an intersection
- Making a turn in front of an oncoming vehicle.
- Merging improperly into traffic, causing a vehicle to maneuver or brake quickly.
- Failure to slow down or speed up when a vehicle begins to change lanes or merge.
- Unsafe passing
- Passing a truck/large vehicle, then being blown out of position by air turbulence or cross-wind.
- Pulling into traffic from the roadside in front of a vehicle without accelerating sufficiently.
- Driving between vehicles.
- Abandoning a vehicle in a travel lane
- Failing to get vehicle completely off the highway and onto the shoulder.

5. Distracted Driving

- Driver fatigue
- Rubbernecking
- Looking at scenery
- Other passengers
- Use of radio / cell phone
- Adjusting the radio, cassette or CD player
- Reading the newspaper, books, maps or other documents

6. Recordkeeping

- Date of last vehicle inspection: _____
- Last Date Driver attended Defensive Driving; _____
- Driver cited by law enforcement: Yes No
- Driver found at fault by District: Yes No
- Corrective action to be taken: Yes No
- List of actions

Corrective Action	Responsible Person	Complete by

Comments / Notes:

Completed by: _____ Date: _____



REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

DMV USE ONLY

READ IMPORTANT INFORMATION ON BACK

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

	# OF VEHICLES	DATE OF ACCIDENT	ACCIDENT LOCATION - CITY/COUNTY (CALIFORNIA ONLY)		ON PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No
REPORTING PARTY'S INFORMATION	TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (E.G., ROLLAWAY)				DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
	DRIVER'S NAME (FIRST, MIDDLE, LAST)			DRIVER LICENSE NUMBER	STATE
	DRIVER'S STREET ADDRESS				DATE OF BIRTH
	CITY	STATE	ZIP CODE	TELEPHONE NUMBERS Wk () Hm ()	
	VEHICLE (YEAR AND MAKE)	VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER			STATE
	VEHICLE OWNER—PERSON OR COMPANY				DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS				DATE OF BIRTH
	CITY			STATE	ZIP CODE
	INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT ACWA/JPIA P.O. Box 619082 Roseville, CA 95661-9082			POLICY NUMBER MOLC 1001	
	COMPANY NAIC NUMBER N/A	POLICY PERIOD From: Continuous To:		POLICY HOLDER NAME Liability Coverage Pool	
OTHER PARTY'S INFORMATION	<input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (E.G., ROLLAWAY)				DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
	DRIVER'S NAME (FIRST, MIDDLE, LAST)			DRIVER LICENSE NUMBER	STATE
	DRIVER'S STREET ADDRESS				DATE OF BIRTH
	CITY	STATE	ZIP CODE	TELEPHONE NUMBERS Wk () Hm ()	
	VEHICLE (YEAR AND MAKE)	VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER			STATE
	VEHICLE OWNER—PERSON OR COMPANY				DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS				DATE OF BIRTH
	CITY			STATE	ZIP CODE
	INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT			POLICY NUMBER	
	COMPANY NAIC NUMBER	POLICY PERIOD From: To:		POLICY HOLDER NAME	
INJURY/DEATH PROPERTY DAMAGE	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED				<input type="checkbox"/> Injured <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Deceased <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED				<input type="checkbox"/> Injured <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Deceased <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
	OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)				DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No
	PROPERTY OWNER'S NAME AND ADDRESS				

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	PRINTED NAME	SIGNATURE X
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ADDITIONAL INFORMATION ATTACHED

A YOUR VEHICLE

CALIFORNIA INSURANCE INFORMATION

DO NOT DETACH

DMV FILE NUMBER

The Department may send this part to the insurance company indicated. If not fully completed, it will be assumed you were not insured for the accident and your license will be suspended.

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NAME OF INSURANCE COMPANY (NOT AGENCY OR BROKERAGE) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE		ACWA/JPIA P.O. Box 619082 Roseville, CA 95661		DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE)
POLICY NUMBER		POLICY PERIOD		
MOLC 1001		Continuous		
From:		To:		
DATE OF ACCIDENT	IN OR NEAR (CITY OR TOWN) (CALIFORNIA ONLY)			
VEHICLE (YEAR AND MAKE)		VEHICLE IDENTIFICATION NUMBER		VEHICLE LICENSE PLATE NUMBER
				STATE
DRIVER			ADDRESS	
OWNER			ADDRESS	
FULL NAME OF POLICY HOLDER			ADDRESS	
Liability Coverage Pool				

SR 1A (REV. 9/2008) WWW

If the policy was not in effect, this form must be completed and returned to the Department within 20 days.

The undersigned company advises that with respect to the reported accident, the policy reported on the reverse side:

WAS NOT IN EFFECT

Was not a liability policy Did not cover the vehicle/driver Number is not a company policy number

Policy Number _____ Policy Period from _____ to _____

Signature _____

Title _____

Date _____

MAIL TO:
Department of Motor Vehicles
Financial Responsibility
P. O. Box 942884
Sacramento, CA 94284-0884

SR 1A (REV. 9/2008) WWW

IMPORTANT INFORMATION

California law requires *traffic accidents* on a California street/highway or private property to be reported to the Department of Motor Vehicles (DMV) within 10 days if there was an injury, death *or* property damage in excess of \$750. Untimely reporting could result in DMV suspending a driver license. Accidents involving vehicles *not required to be registered* such as an off-road vehicle (OHV), implement of husbandry, or snowmobile *or* occurring on a military base *or* occurring on the driver's *own* property involving *only* the personal property of the driver *and* there was no injury or death are not reportable.

The law requires the driver to file **this SR-1 form** with DMV **regardless of fault**. This report must be made in addition to any other report filed with a law enforcement agency, insurance company, or the California Highway Patrol (CHP) as their reports **do not** satisfy the filing requirement. An insurance agent, attorney, or other designated representative may file the report for the driver.

The law requires every driver and every owner of a motor vehicle to be "financially responsible" for any injury or damage resulting from operating or owning a motor vehicle. The minimum insurance level for "financial responsibility" is **public liability and property damage coverage** of \$15,000 for injury or death of one person, \$30,000 for injury or death of two or more persons and \$5,000 property damage per accident. Comprehensive and collision insurance **does not meet the legal requirement**.

§1806 of the California Vehicle Code (CVC) requires the DMV to record accident information **regardless of fault** when individuals report accidents under the Financial Responsibility Law or if law enforcement agencies or CHP investigate and make a report.

WHEN COMPLETING THIS FORM..

Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a *copy* of any law enforcement agency report, please check the box to indicate 'Additional Information Attached'. **If you are the passenger reporting the accident**, be sure to identify yourself by using the 'other' box and stating 'passenger' in the explanation.

- Write **unk (for unknown)** or **none** in any space or box when you do not have information on the other party involved.
- Give insurance information that is complete and which *correctly* and *fully* identifies the **company** that *issued* the policy.
- Place the correct National Association of Insurance Commissioners (NAIC) number for your insurance company in the boxes provided. The NAIC number should be located on your insurance ID card or you can contact your insurance agent or company for the information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc.) who you saw was injured *or* complained of bodily injury or know to be deceased.
- Record in the OTHER PROPERTY DAMAGED section any damage to telephone poles, fences, street signs, guard posts, trees, livestock, dogs, etc., meeting the filing requirement, including amount. *This may require that you contact the owner of the property for an estimate of damages.*
- Once you have completed this report, please mail it to:

DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY
MAIL STATION J237
P.O. BOX 942884
SACRAMENTO, CA 94284-0884

DMV does not accept reports or take actions against non-reporting or uninsured motorists unless this SR-1 form is sent to DMV by someone involved in the accident or their designee and the report is received by DMV *within one calendar year of the accident date*.

ADVISORY STATEMENT

The accident information on the SR-1 is required under the authority of Divisions 6 and 7 of the California Vehicle Code. Failure to provide the information will result in suspension of the driving privilege. Except as made confidential by law (e.g., medical information) or exempted under the Public Records Act, the information is a public record, is regularly used by law enforcement agencies and insurance companies, and is open to public inspection. §16005 CVC limits the public record for SR-1 reports to accident involvement, but does allow persons with a proper interest (involved drivers, their employers, etc.) to receive specified information. Individuals may inspect or obtain copies of information contained in their records during regular office hours. The Financial Responsibility Section Manager, 2570 24th Street, Sacramento, CA 95818 (telephone number: 916-657-6677) is responsible for maintaining this information.