

MOTOR VEHICLE ACCIDENT/INCIDENT REPORT

REPORT NUMBER _____
FOR OFFICE USE ONLY

ACCIDENTS		Follow Instructions (As determined by Supervisor) <input type="checkbox"/>	
BUS OPERATIONS & FLEET MAINTENANCE	TRUCK OPERATIONS	ALL OTHER DIVISIONS, OFFICES & UNITS	
Complete this form and contact assigned Driver Trainer or bring to:	Complete this form and bring to:	Send one signed typewritten copy of this form to:	
Transportation Services Division Safety Center 115 N. Beaudry Avenue Los Angeles, CA 90012 TEL (213) 580-2903	Truck Operations 8525 Rex Road Pico Rivera, CA 90660 Attention: Larry Turgeon Truck Operations Manager TEL (562) 654-9001	U.S. MAIL	SCHOOL MAIL
		Division of Risk Management Insurance Services P.O. Box 513307 Los Angeles, CA 90051-1304	Division of Risk Management Restitution Unit Beaudry Building, 28 th Floor TEL (213) 241-3127 FAX (213) 241-8993
INCIDENTS		Follow Instructions (As determined by Supervisor) <input type="checkbox"/>	
BUS OPERATIONS & FLEET MAINTENANCE	Complete this form using ONLY the section that pertains to your particular incident. Submit to your immediate Supervisor.		

COMPLETE ALL INFORMATION REQUESTED – Type or print information clearly

EMPLOYEE INFORMATION

I.D. # _____ / _____ / _____ COMPANY _____ ROUTE _____

PERSON REPORTING DRIVER OF DISTRICT VEHICLE (V1)

First Name _____ Last Name _____ LAUSD EN # _____
(If Applicable)

Job Title _____ LAUSD E-Mail _____ @ lausd.net

Home Address _____ () - _____
not P.O. Box City/Zip Code Telephone Number
 Cell Home

Work Location _____ () - _____
City/Zip Code Work Telephone & Ext.

Driver's License No. _____ Expiration Date ____ / ____ / ____ Vehicle Lic. No. _____
mm / dd / yy

ACCIDENT INFORMATION

ACCIDENT/INCIDENT Sun / Mon / Tue / Wed / Thur / Fri / Sat **DATE** ____ / ____ / ____ **TIME** ____ : ____ A.M. P.M.

EXACT LOCATION OF ACCIDENT/INCIDENT _____
Street / Address City

VEHICLE #1 _____
(District Vehicle) Year Make Model/Type Unit #

PARTS DAMAGED _____
Right Front Fender, Right Rear Door, Front, etc., be specific.

WERE PASSENGERS ABOARD V1? YES NO **DISTRICT EMPLOYEE/S?** YES NO

Number of Passengers _____ *List names of passengers on additional form/page.*

LOS ANGELES UNIFIED SCHOOL DISTRICT
TRANSPORTATION SERVICES DIVISION

MOTOR VEHICLE ACCIDENT/INCIDENT REPORT

NO other vehicle involved in Accident/Incident.

VEHICLE #2 - INFORMATION

VEHICLE #2

DRIVER'S NAME _____ **Driver's Telephone No.** () -
First Name Last Name Cell Home Office

Driver's License No. _____ Exp. Date ____ / ____ / ____ State _____
mm / dd / yy

Driver's Address _____ City _____ State _____ Zip _____

Employer _____
Name of Person, Company, or Organization

Employer Address _____ City _____ State _____ Zip _____

Employer Telephone Number () - _____

Insurance Company _____ Policy No. _____ Exp. ____ / ____
Month/Year

Insurance Company Address _____ City _____ State _____

VEHICLE #2 _____
Year Make Model Type
(bus, car, suv, truck, etc.)

Vehicle (VIN) Number _____ License Plate Number _____

PARTS DAMAGED

Right Front Fender, Right Rear Door, Front, etc., be specific.

WERE PASSENGERS ABOARD VEHICLE #2? YES NO

No. of Adult Males _____ **No. of Adult Females** _____ **Number of Children** _____

LIST ALL PASSENGERS (Attach additional pages when necessary, use ✓ after name to indicate injury.)

NO	NAME	INJURY	ADDRESS	CITY & ZIP CODE	STATE	TELEPHONE NUMBER
1						() -
2						() -
3						() -
4						() -

NATURE OF INJURIES _____

INJURED TAKEN TO _____

**LOS ANGELES UNIFIED SCHOOL DISTRICT
TRANSPORTATION SERVICES DIVISION**

MOTOR VEHICLE ACCIDENT/INCIDENT REPORT

V1	AREA	
<input type="checkbox"/>	Rural Roadway	
<input type="checkbox"/>	Residential	
<input type="checkbox"/>	Business/Shopping	
<input type="checkbox"/>	Freeway	
<input type="checkbox"/>	Open Field	
<input type="checkbox"/>	Private Road	
<input type="checkbox"/>	Other	
V1	V2	OPERATING AREA
<input type="checkbox"/>	<input type="checkbox"/>	Non-Intersection
<input type="checkbox"/>	<input type="checkbox"/>	Entering Driveway
<input type="checkbox"/>	<input type="checkbox"/>	Leaving Driveway
<input type="checkbox"/>	<input type="checkbox"/>	Construction Zone
<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot
<input type="checkbox"/>	<input type="checkbox"/>	Parked and unattended
<input type="checkbox"/>	<input type="checkbox"/>	Other
V1	V2	INTERSECTION
<input type="checkbox"/>	<input type="checkbox"/>	Nearing
<input type="checkbox"/>	<input type="checkbox"/>	In
<input type="checkbox"/>	<input type="checkbox"/>	Leaving
NUMBER OF LANES		
Your Side		
Opposing		

V1	V2	TERRAIN
<input type="checkbox"/>	<input type="checkbox"/>	Level
<input type="checkbox"/>	<input type="checkbox"/>	Upgrade
<input type="checkbox"/>	<input type="checkbox"/>	Downgrade
<input type="checkbox"/>	<input type="checkbox"/>	Hillcrest
<input type="checkbox"/>	<input type="checkbox"/>	Paved
<input type="checkbox"/>	<input type="checkbox"/>	Unpaved
<input type="checkbox"/>	<input type="checkbox"/>	Dry
<input type="checkbox"/>	<input type="checkbox"/>	Wet
<input type="checkbox"/>	<input type="checkbox"/>	Straight
<input type="checkbox"/>	<input type="checkbox"/>	Curve
V1	V2	CONTROL DEVICES
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Signal
<input type="checkbox"/>	<input type="checkbox"/>	Stop Sign
<input type="checkbox"/>	<input type="checkbox"/>	Yield Sign
<input type="checkbox"/>	<input type="checkbox"/>	None
<input type="checkbox"/>	<input type="checkbox"/>	Other
V1	V2	MOVEMENT
<input type="checkbox"/>	<input type="checkbox"/>	No Speed Change
<input type="checkbox"/>	<input type="checkbox"/>	Increasing Speed
<input type="checkbox"/>	<input type="checkbox"/>	Slow/Stopping
<input type="checkbox"/>	<input type="checkbox"/>	Stopped
<input type="checkbox"/>	<input type="checkbox"/>	Rolling
<input type="checkbox"/>	<input type="checkbox"/>	Backwards/Reverse

V1	V2	DIRECTION
<input type="checkbox"/>	<input type="checkbox"/>	Straight Ahead
<input type="checkbox"/>	<input type="checkbox"/>	Backward
<input type="checkbox"/>	<input type="checkbox"/>	Right Turn
<input type="checkbox"/>	<input type="checkbox"/>	Left Turn
<input type="checkbox"/>	circle one	Lane Change R or L
circle one	<input type="checkbox"/>	Lane Change R or L
<input type="checkbox"/>	<input type="checkbox"/>	Does Not Apply
V1	WEATHER	
<input type="checkbox"/>	Clear	
<input type="checkbox"/>	Rain	
<input type="checkbox"/>	Fog	
<input type="checkbox"/>	Dusty	
<input type="checkbox"/>	Snow/Ice	
<input type="checkbox"/>	Night	
<input type="checkbox"/>	Daylight	
V1	DIST. VEHICLE TYPE	
<input type="checkbox"/>	Car	
<input type="checkbox"/>	Bus	
<input type="checkbox"/>	Truck	
<input type="checkbox"/>	Other	
TRAFFIC CONDITIONS		
<input type="checkbox"/>	Heavy	
<input type="checkbox"/>	Light	

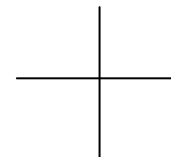
DRAW DIAGRAM SHOWING WHERE ACCIDENT OCCURRED

Make sure to fill in the names of all the streets on which you were traveling, and the nearest cross streets. Mark an X on the diagram to show the point of impact. Indicate directions for reference on diagram. Identify your vehicle as V1, other vehicle(s) as V2, V3, etc.

USE THESE SYMBOLS:  Stop Sign  Other Warning Sign  Traffic Signal

V1 Where your vehicle stopped after accident. Draw a solid line (—) for your path of travel.

V2 Where other vehicle stopped after accident. Draw a broken line (- - -) for the path of other vehicle.



THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE


Signature of Driver _____	Date _____
Name of Supervisor / Print _____	Title _____
Signature of Driver's Supervisor _____	Date _____
Name of District Investigator / Print _____	Title _____
Investigator's Division/Office _____	Telephone No. () - _____

FOR SAFETY CENTER USE ONLY

<input type="checkbox"/> Preventable	<input type="checkbox"/> Non-Preventable	<input type="checkbox"/> Found Damage	<input type="checkbox"/> Number of Prior Accidents _____
Accident Code _____	Comments _____		

DISTRICT-OWNED VEHICLES, POLICIES, PROCEDURES AND RESPONSIBILITIES

1. Complete all information requested below.
2. Make a copy for office files.
3. A **copy** of the Vehicle Registration Form as well as the Notice of Financial Responsibility are to be kept in the glove compartment of the vehicle at all times.

	<h3>NOTICE OF FINANCIAL RESPONSIBILITY</h3>
<p>THIS MOTOR VEHICLE, A _____ YEAR</p>	
<p>_____ MAKE AND MODEL</p>	
<p>_____ TYPE OF VEHICLE</p>	
<p>WITH VEHICLE NUMBER _____</p>	
<p>IS OWNED BY THE LOS ANGELES UNIFIED SCHOOL DISTRICT. THE LOS ANGELES UNIFIED SCHOOL DISTRICT IS A SELF-INSURED PUBLIC AGENCY. PLEASE DIRECT ALL INQUIRES ABOUT THIS ACCIDENT TO THE OFFICE SHOWN BELOW.</p>	
<p>THIS INFORMATION SHOULD BE GIVEN TO YOUR INSURANCE COMPANY.</p>	
<p>_____ LOS ANGELES UNIFIED SCHOOL DISTRICT RISK FINANCE AND INSURANCE SERVICES P.O. BOX 513307, 28th Floor LOS ANGELES, CA 90051-1307 (213) 241-3126 Toni Tosello, Liability Claims Coordinator Risk Finance and Insurance Services</p>	

ADDITIONAL INFORMATION REGARDING THE USE OF DISTRICT VEHICLES

Please keep a copy in glove compartment of the vehicle.

VEHICLE MAINTENANCE

- For new vehicles, take the car to the assigned garage facility for servicing at 3,500 miles for the first check-up.
- After the initial services, the garage staff will place a sticker inside the driver's doorpost notifying the driver when the car is to be taken in for the next scheduled service. Please call the assigned maintenance garage in advance to schedule the appointment.
- For all other vehicles, take the car in for service as posted on the sticker inside the driver's doorpost.
- Failure to bring vehicles to the garage for scheduled maintenance may result in the suspension or revocation of vehicle privileges.
- For vehicle repairs, please call the services desk for the assigned District Garage. Generally, vehicles are assigned to the closest garage near the employee's work location:

BUSINESS SERVICES GARAGE
604 E. 15 th Street Los Angeles, CA 90015 (213) 743-3593

GARDENA GARAGE
18421 S. Hoover Street Gardena, CA 90248 (310) 515-3165

SAN JULIAN GARAGE
1425 S. San Pedro Street Los Angeles, 90015 (213) 743-3679

SEPULVEDA GARAGE
8920 Sepulveda Blvd. North Hills, CA 91343 (818) 997-2643

SUN VALLEY GARAGE
11247 Sherman Way Sun Valley, CA 91352 (818) 982-1459

- Any questions or concerns regarding vehicle maintenance should be referred to the assigned garage supervisor or the Transportation Services Division, Fleet Maintenance Office at (213) 580-2960.

VEHICLE ACCIDENT

In the event of an accident:

- Evaluate the accident scene and provide emergency assistance as necessary. Call 911 to request police and/or paramedics if necessary.
- Contact your immediate supervisor and School Police notifying them of the location and severity of the accident or by the District's radio frequency if the vehicle is equipped with a two-way-radio.
- Obtain the other party's name, driver's license number, home address, telephone number and all pertinent insurance information and provide your information, including the **Notice of Financial Responsibility** (see **Attachment B**).
- If the vehicle is not drivable, call the closest garage listed above for further instructions or call the Transportation Services Division, Fleet Maintenance Emergency Number at (213) 580-2909 during non-business hours.
- Fill-out the **Motor Vehicle Accident/Incident Report** (Attachment C) and forward the completed/signed form to:

BUS OPERATIONS & FLEET MAINTENANCE	TRUCK OPERATIONS	ALL OTHER DIVISIONS, OFFICES & UNITS	
Complete this form and contact assigned Driver Trainer or bring to:	Complete this form and bring to:	Send one signed typewritten copy of this form to:	
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