

NCSIG MEMBER**Member Name:****Location of Accident:****Time of Accident:****Date of Accident:****Police Agency Respond?** *(If so, provide Agency name, officer name, report number)***MEMBER VEHICLE****Driver:****Drivers License #:****Vehicle Year/Make:****NCSIG Vehicle #****Vehicle License #:****Describe Damage:****DESCRIBE HOW
ACCIDENT OCCURRED:****OTHER PARTY****DIAGRAM AND MISCELLANEOUS**

(If Necessary)

LIABILITY COVERAGE

This vehicle is owned by a public entity and is self-insured through membership in a joint powers insurance authority pursuant to the California Government Code. Section 16020(B)(4) of the California Vehicle Code specifically exempts public entities from having to provide proof of financial responsibility.

**Side 1
INJURED****NORTHERN
CALIFORNIA
SCHOOLS
INSURANCE
GROUP*****Confidential*****VEHICLE ACCIDENT REPORT***Place copy of this form in each owned vehicle.***In the Event of an Accident:**

1. Stop at once.
2. Call an ambulance for anyone seriously injured.
3. Contact the local police authority.
4. Obtain name, address & phone # of all witnesses.
5. Obtain the name, address & phone # of all persons in the other vehicle.
6. Obtain license number & state registration of the other vehicle(s).
7. Phone your supervisor.
8. Do not discuss the accident with anyone other than the police authority, your employer or a representative of NCSIG.
9. Complete this report as soon as possible and submit to your business office.
10. **DO NOT ADMIT RESPONSIBILITY.**

**CLAIMS ADMINISTRATOR for NCSIG
KNAK & COMPANY, Erik Knak**

P.O. Box 895, Rancho Mirage, CA 92270

Phone: (530) 247-1049

ejknak@jett.net***Confidential for Possible Litigation Purposes***
WITNESSES

Name:
Address:
Drivers License #:
Phone: Home ()
Work ()
Auto Year, Make, Model:
License Plate #:
Area of Damage:
Prior Damage:
Number of Passengers:

<u>OTHER PARTY INSURANCE</u>
Insurance Company:
Address:
Policy Number:
Telephone Number:

Name:	Age:
Address:	
Home #	Work #
Nature of Injury:	

Name:	Age:
Address:	
Home #	Work #
Nature of Injury:	

Name:	Age:
Address:	
Home #	Work #
Nature of Injury:	

Name:	Age:
Address:	
Home #	Work #
Nature of Injury:	

Name:	
Address:	
Home #	Work #
Notes:	

Name:	
Address:	
Home #	Work #
Notes:	

Name:	
Address:	
Home #	Work #
Notes:	

Name:	
Address:	
Home #	Work #
Notes:	