



STANISLAUS COUNTY MOTOR VEHICLE ACCIDENT REPORT
 CEO-RISK MANAGEMENT DIVISION FAX NUMBER 525-5779
PRIVILEGED AND CONFIDENTIAL ATTORNEY/CLIENT COMMUNICATION

Place of Accident _____ Date of Accident _____ Time of Accident _____
 Accident Investigated by Police _____ CHP _____ Sheriff _____ Investigating Officer's Name _____ Report Number _____

Vehicle Number One--County Driver (or Person Reporting) NOTE: IT IS THE DRIVERS RESPONSIBILITY TO REPORT ACCIDENTS WITH DAMAGE OVER \$ 750.00 TO DMV ON FORM SR-1

Name _____ Home Address _____
 Home Phone _____ Work Phone _____ DOB _____ California Driver's License # _____
 Employee ID # _____ Dept. _____ Job Title _____
 Car Make _____ Type _____ Year _____ County Car # _____ Car License Plate _____
 Number of passengers _____ Name of Passenger _____ Name of Passenger _____
 Describe damages _____

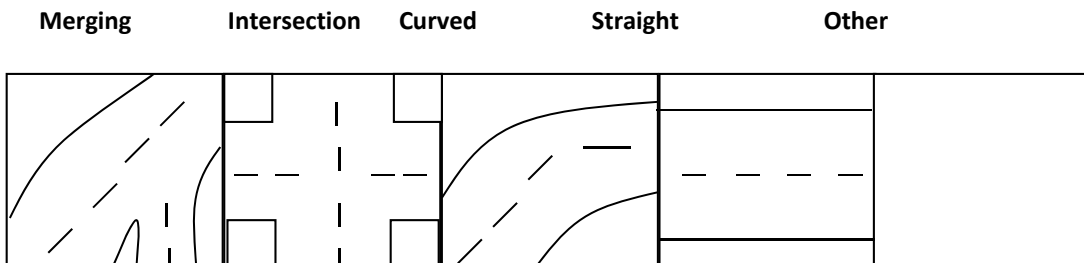
Vehicle Number Two—Other Party NOTE: REQUIRED INFORMATION INSURANCE CO. & POLICY # _____

Name _____ Home Address _____
 Home Phone _____ Work Phone _____ DOB _____ California Driver's License # _____
 Car Make _____ Type _____ Year _____ County Car # _____ Car License Plate _____
 Number of passengers _____ Name of Passenger _____ Name of Passenger _____
 Describe damages _____

Witness _____ Address _____ Phone _____
 Injured _____ Address _____ Phone _____
 Injured _____ Address _____ Phone _____

Describe how the accident happened _____

Diagram of Accident: Choose the appropriate diagram below. Number the County Vehicle as 1 and the other vehicle as 2. Show the direction of travel by arrows. Use a solid line to show the path of the vehicles before the accident and a broken line for after the accident. Show a pedestrian with a circle, railroads with tracks, give names and numbers of streets and highways, indicate which way is north, and show traffic signs and signals.



I certify this report is complete and true to the best of my knowledge.

 Driver's Signature Date

Supervisor: Check to make sure the report is complete. Review the diagram.

 Supervisor's Signature Date

APPENDIX J

Vehicle Collision

- A. Notify Emergency Dispatch Department, 552-3911 (serious emergency dial 911 if outside the County, if in Stanislaus County, on a cellular phone dial 558-HELP)
- B. Request law enforcement to conduct an investigation (state you are a County Employee on County Business).
- C. Due to liability issues, it is best to not make statements of fault towards any of the drivers involved in the accident.
- D. Your vehicle should contain an Accident report form. In a County owned vehicle they are located in the glove compartment. Complete and turn in the form to your supervisor.
- E. If you or another employee are injured complete the On the Job Injury/Illness report form (obtain from your department or Risk Management). Submit all completed WC claim forms to County Risk Management.
- F. 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. The requirement to complete the SR-1 form applies to each driver involved in a collision; regardless of who may be at fault in the accident and regardless of what type of vehicle they were driving (County vehicle, rental or personal vehicle). Risk Management can assist a driver involved in an accident if they are unsure if the damage exceeds \$750. Failure to report timely could result in DMV suspending a driver license. Refer to the SR-1 form found in Appendix K for additional information. Risk Management can assist a driver involved in an accident if they are unsure if the damage exceeds \$750.



REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

Please type or print.

| | | | | | |
|---|--|--|---|---|---|
| # 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 Hour _____ <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 \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | ADDRESS | | | | DATE OF BIRTH |
| | 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 | |
| | 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 \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ADDRESS | | | | DATE OF BIRTH | |
| 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"/> 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 \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PROPERTY OWNER'S NAME AND ADDRESS | | | | | |

READ IMPORTANT INFORMATION ON BACK

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 |
|-------------|---------------------|------------------------------|

| 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. | | | | |
| INSURANCE | NAME OF INSURANCE COMPANY (NOT AGENT OR BROKER) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE | | | | | |
| | POLICY NUMBER | | POLICY PERIOD From: _____ To: _____ | | DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE) | |
| | 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 | | |

SR 1A (REV. 1/2017) WWW

If the policy was not in effect, this form must be completed and returned to DMV 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
P.O. Box 942884
Sacramento, CA 94284-0884

SR 1A (REV. 1/2017) 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 \$1,000. 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**.

The *California Vehicle Code* (CVC) §1806 requires 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 CVC. 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. CVC §16005 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 Unit Manager, 2570 24th Street, Sacramento, CA 95818 (telephone number: 916-657-6677) is responsible for maintaining this information.