University of California
Agriculture and Natural Resources

Risk & Safety Services

2801 Second Street
Davis, CA 95618
http://ucanr.edu/risk

Revised June 25, 2025

TO: All ANR Drivers

FROM: Chris Jakober, ANR Risk & Safety Services

RE: ANR Vehicles – Insurance, Incident Reporting, Emergency Services

This letter is to inform UC ANR employees of the procedures they should follow in the event of an accident or urgent maintenance need while driving an ANR vehicle. An ANR vehicle is defined as any vehicle that is owned or leased by the Division. Please maintain a copy of this letter and all its attachments/supplements in each car that meets the above definition. These procedures do not apply to county-owned vehicles or those rented from a UC campus. Use the procedures from the County or campus fleet services for those vehicles.

Insurance:

UC-owned vehicles are covered by the University's self-insurance program, which provides coverage for officers, employees and agents (formal volunteers) of the University while acting within the course and scope of their employment or volunteerism. Coverage is provided for activities that are scheduled, sponsored, and supervised by the University. More information on University insurance programs this can be found at http://ucanr.edu/risk. Supplement A of this document is a copy of the Certificate of Self-Insurance and includes the address for ANR Risk & Safety Services, where claims can be sent.

Leased Cars from Enterprise Fleet Management are insured through Enterprise, therefore any claims involving these vehicles need to be reported to:

Enterprise Risk Management Program
Phone: (800) 325-8838
Policy: LAAUT0007100

Accident/Incident Reports:

In the event of an accident, first ensure that everyone involved is safe and receiving the appropriate medical attention as needed. Within 48 hours of the accident, please complete Supplement B "ANR Incident Report". Fill out all sections that pertain to the accident without including opinion or speculation. If a police report is made, please provide the report number, officer name/badge number, and law enforcement agency. If possible take pictures or video (such as from a cell phone) of the surrounding area, vehicle(s), and property involved in the accident and any observed damage. A diagram of the scene can also be provided to help

explain the accident (Supplement C). Please send any incident reports, attachments, and/or photos/videos to Risk & Safety Services: care of Kimberly Rodegerdts or Chris Jakober (karodegerdts@ucanr.edu or cjakober@ucanr.edu).

If an ANR employee is injured in the accident, fill out the UCD Employer's Report of Occupational Injury or Illness (Supplement D) and submit this form to ANR Staff Personnel Unit (anrstaffpersonnel@ucanr.edu).

Additionally, the California DMV SR-1 "Accident Form" (Supplement E) needs to be filled out if one of the following conditions is met:

- There was property damage of an estimated value more than $750, **or**
- Anyone was injured (no matter how minor), **or**
- A fatality occurred.

NOTE: ANR drivers of a **UC-owned vehicles** (ANR vehicles & those rented from a UC campus) are exempt from filling a DMV SR-1 *(California Vehicle Code, Section 16000, Paragraph (b))*

If you were driving a UC-owned vehicle and receive a request from DMV or a law enforcement officer to complete an SR-1 form after an accident, please respond that you were driving a University vehicle on official University business and that the University is exempt from the filing requirement. Further inquiries may be forwarded to ANR Risk & Safety Services by email to: karodegerdts@ucanr.edu or cjakober@ucanr.edu.

As applicable, each driver of a **personal, leased, or rented car** involved in an accident meeting the criteria defined above must make a report to DMV within **10 days**, no matter who caused the accident, even if the accident occurred on private property. Mail the completed report form to DMV at the address on the form. Also send a copy to: karodegerdts@ucanr.edu or cjakober@ucanr.edu.

Safety:

All employees that drive for business should receive some type of safe driver training. ANR Risk & Safety Services has identified or developed several resources for safe driver training which can be found at: http://safety.ucanr.edu/Programs/Driver_Safety/

Fuel, Urgent Repair, & Emergency Services:

The following services can be obtained depending on the vehicle (see table on next page):

Fuel, Urgent Repairs, and Emergency Roadside Services

Service	UC Vehicles	Enterprise Leased Vehicles
Fuel	• Use WEX card (if provided with vehicle) at most gas stations that accept credit cards.	• Use WEX card (if provided with vehicle) at most gas stations that accept credit cards.
Urgent Repair & Services	• WEX card may be used to pay for emergency repairs up to $500. • For WEX card service purchases over $500, contact Risk & Safety Services for approval. ○ Brian Oatman (530) 304-2054 • The WEX card may be used at many vendors including: Big O Tires, Goodyear, Jiffy Lube, Les Schwab, MIDAS, Safelite Auto Glass, etc. • To find WEX card approved maintenance or fuel locations, visit https://go.wexonline.com/external/accepting-locations • For WEX card assistance or issues, call 1-833-225-5939	• Contact Enterprise National Service Department (NSD) for an authorized repair location prior to receiving service. Phone # (800) 325-8838 • Use the Enterprise Full Maintenance card (provided with vehicle) to pay for service.
Emergency Roadside Services	• Contact WEX Roadside Assistance • Phone # 1-866-329-3471 • Use WEX card to pay for service.	• Contact Enterprise NSD Phone # (800) 325-8838 • Use the Enterprise Full Maintenance card (provided with vehicle) to pay for service.

Attachments:

Supplement A – Certificate of Self-Insurance
Supplement B – ANR Incident Report
Supplement C – Diagram Form
Supplement D – UCD Employer's Report of Occupational Injury or Illness
Supplement E – CA DMV SR1 Form

CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: June 5, 2025

PRODUCER/INSURED

The Regents of the University of California
Office of the President
Office of Risk Services
1111 Franklin St., 6th Floor
Oakland, CA 94607-5200
510-987-9832

This Certificate is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Certificate. The Certificate does not amend, extend or alter the coverage described below. This Certificate may only be copied, printed and distributed by an authorized viewer for its internal use. Any other use, duplication or distribution of the Certificate without the written consent of the Regents of the University of California is prohibited.

ENTITIES AFFORDING COVERAGE

		PARTICIPATION
COMPANY LETTER A	**The Regents of the University of California**	**100 %**

COVERAGES

THIS IS TO CERTIFY THAT THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS A GOVERNMENTAL ENTITY THAT HAS A SELF-FUNDED RETENTION FOR LIABILITIES DESCRIBED BELOW, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY WRITTEN CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY PERTAIN. THIS SELF-FUNDED PROGRAM IS SUBJECT TO ALL PROVISIONS OF THE BYLAWS AND STANDING ORDERS OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, WHICH DOES NOT PERMIT ANY ASSUMPTION OF LIABILITY WHICH DOES NOT RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF ITS OFFICERS, AGENTS OR EMPLOYEES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCURRENCE	Self-Insured	July 1, 2025	July 1, 2026	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY CONTRACTUAL LIABILITY EACH OCCURRENCE	$ Not applicable $ 5,000,000 $ 5,000,000 $ 5,000,000 $ 5,000,000 $
A	**AUTOMOBILE LIABILITY** ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	Self-Insured	July 1, 2025	July 1, 2026	COMBINED SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE	$ Not applicable $ 2,500,000 $ 2,500,000 $ 2,500,000
A	**PROPERTY** X FIRE & EXTENDED PERILS	Self-Insured	July 1, 2025	July 1, 2026	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ Not applicable $
A	**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY**	Self-Insured	July 1, 2025	July 1, 2026	STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	YES $ As required by California Law $ As required by California Law $ As required by California Law

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL COVERED PARTY- AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO GENERAL LIABILITY AND AUTOMOBILE LIABILITY

LOSS PAYEE - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO PROPERTY COVERAGE

CERTIFICATE HOLDER
APPLICABLE PARTY AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

CANCELLATION
SHOULD THE REGENTS ELECT TO DISCONTINUE SELF-INSURING ITS LIABILITIES, THE REGENTS WILL UPDATE PROOF OF SELF-INSURANCE ON ITS WEBSITE. THE REGENTS SHALL NOT BE OBLIGATED TO PROVIDE INDIVIDUAL NOTICE TO VENDORS OR OTHERS.

By:

KEVIN CONFETTI, AVP & CHIEF RISK OFFICER

TO: DRIVERS OF ANR UNIVERSITY OF CALIFORNIA VEHICLES

RE: (1) Evidence of Financial Responsibility
(2) Department of Motor Vehicles (DMV) Financial Responsibility Form SR-l

(1)

Under California Vehicle Code Section 16020, Paragraph (b), the University of California is exempt from carrying evidence of financial responsibility for vehicles it owns.

If you receive a request for evidence of financial responsibility, please respond that the University of California is a public entity and is self-insured. However as a courtesy, you may provide a copy of the attached ANR Certificate of Self-Insurance.

Additionally, if you are involved in an accident please complete the attached Incident Report with basic information within 48 hours or as soon as practical and submit it to your immediate supervisor. You may attach additional sheets as necessary to describe the incident. Retain a copy for your records and either you or your supervisor will forward the Report to the Office of Risk Services.

Any inquiries may be directed to the Office of Risk Services at (530) 750-1263, or mailed to:

University of California
Agriculture & Natural Resources
Office of Risk Services
2801Second Street
Davis, CA 95618-7774

(2)

Under California Vehicle Code Section 16000, Paragraph (b), the University of California is exempt from filing DMV Financial Responsibility Form SR-1.

If you receive a request to complete an SR-1 form after an accident, please respond that you were driving a University vehicle on official University business and that the University is exempt from the filing requirement. Further inquiries may be forwarded to the Office of Risk Services at (530) 750-1263 or mailed to:

University of California
Agriculture & Natural Resources
Office of Risk Services
2801Second Street
Davis, CA 95618-7774

ANR Office of Risk Services

Attachments
Revised 1/14

University of California
Agriculture and Natural Resources

Risk & Safety Services

Making a Difference for California

INCIDENT REPORT

Use this form to document vehicle accidents, theft, property damage or loss. This form should also be used to report injuries to ANR volunteers, 4-H members, program participants, or visitors. This form should not be used to report employee work-related injuries (i.e. Workers' Compensation). Employees should promptly report all injuries or illnesses to their supervisor.

Please submit this form within 48 hours of incident

Date/Time of Incident: _____ ☐ AM ☐ PM Date/Time Incident Report Completed: _____ ☐ AM ☐ PM

Injured/Damaged Party 1 Information

Party's Name: _____ Home Telephone: _____

Party's Address: _____ Work Telephone: _____

Party's Affiliation: ☐ UC Employee ☐ County Employee ☐ Contract Employee ☐ Volunteer ☐ 4-H Member ☐ Other: _____

Vehicle Information (use this section for auto accidents):

Year: _____ Make: _____ Model: _____ License#: _____

Vehicle Ownership: ☐ ANR ☐ Leased ☐ FEPP ☐ Personal ☐ _____ Campus ☐ _____ County

Specify type of damage to vehicle (Where & Type): _____

Property Damage (use only if there is property involved) _____

Use the space provided at the end of this report to describe the incident

Use this section if more than one party

Injured/Damaged Party 2 Information

Party's Name: _____ Home Telephone: _____

Party's Address: _____ Work Telephone: _____

Party's Affiliation: ☐ UC Employee ☐ County Employee ☐ Contract Employee ☐ Volunteer ☐ 4-H Member ☐ Other: _____

Vehicle Information (use this section for auto accidents):

Year: _____ Make: _____ Model: _____ License#: _____

Insurance Carrier: _____ Policy # _____

Vehicle Ownership: ☐ ANR ☐ Leased ☐ FEPP ☐ Personal ☐ _____ Campus ☐ _____ County

Specify type of damage to vehicle (Where & Type): _____

Property Damage (use only if there is property involved) _____

Use the space provided at the end of this report to describe the incident

Use this section if more than two parties

Injured/Damaged Party 3 Information

Party's Name: _____ Home Telephone: _____

Party's Address: _____ Work Telephone: _____

Party's Affiliation: ☐ UC Employee ☐ County Employee ☐ Contract Employee ☐ Volunteer ☐ 4-H Member ☐ Other: _____

Vehicle Information (use this section for auto accidents):

Year: _____ Make: _____ Model: _____ License#: _____

Insurance Carrier: _____ Policy # _____

Vehicle Ownership: ☐ ANR ☐ Leased ☐ FEPP ☐ Personal ☐ _____ Campus ☐ _____ County

Specify type of damage to vehicle (Where & Type): _____

Property Damage (use only if there is property involved) _____

Use the space provided at the end of this report to describe the incident

Medical Treatment Information *(if applicable)*

Was First Aid administered? ☐ Yes ☐ No If yes, by whom? _____

Did the injured party(ies) receive medical treatment beyond first aid? ☐ Yes ☐ No If yes, date and time injured party(ies) sought medical attention: _____ ☐ AM ☐ PM

Medical Care Provider Name (hospital/physician): _____

Address: _____ Telephone: _____

Submit completed form to ANR Risk Services as soon as possible, but no later than 48 hours after the incident. See instructions on last page.

University of California
Agriculture and Natural Resources

Risk & Safety Services

Making a Difference for California

INCIDENT REPORT

Use this form to document vehicle accidents, theft, property damage or loss. This form should also be used to report injuries to ANR volunteers, 4-H members, program participants, or visitors. This form should not be used to report employee work-related injuries (i.e. Workers' Compensation). Employees should promptly report all injuries or illnesses to their supervisor.

Location where incident occurred (street address or building/room #):

Nature of Injury, property damage or loss (list parts of body and type of injury, i.e., sprained right ankle or specify damage):

Describe how the incident occurred (please just list the facts as you know them; do not speculate as to the cause of the incident):

Witness Information *(if applicable)*

Name, address and telephone number of witnesses (witnesses may be contacted by Risk Services or other UC officials to investigate the incident):

Police or Other Agency Report *(if applicable)*

Was a police report filed? ☐ Yes ☐ No Reporting Agency: _____ Report #: _____

Officer Name: _____ Badge #: _____

Reporting Party Information

Reporting Party Name: _____ Home Telephone: _____

Title/Job Classification: _____ Work Telephone: _____

ANR Office/Location: _____

Reporting Party Affiliation: ☐ UC Employee ☐ County Employee ☐ Contract Employee ☐ Volunteer ☐ Other: _____

Name of Supervisor: _____ Telephone: _____

Reporting Party Signature: _____ Date: _____

This is a CONFIDENTIAL report to provide information for use by ANR Risk Services, legal counsel, and the University's insurers in the event a claim is filed against the Regents of the University of California or its employees. This information should not be given to anyone except authorized University officials or agents.

Use this section to provide additional information or details. Please attach any photos, diagrams, or other related documents

Instructions for Completing ANR Incident Report Form:

General Guidelines
This form is intended to record the initial facts of an incident. Only fill out the sections that apply to your incident/accident. Attach additional sheets as needed to describe the incident. Please do not include opinion or speculation in the report. You are not expected to conduct an investigation of the incident. If an investigation is warranted, it will be conducted by another agency (i.e.: police, fire department, insurance company, etc.) or initiated by UC ANR Risk Services. This form will be kept confidential and only used by UC officials or agents acting on behalf of the University. If you have any questions about this form, contact Risk Services at (530) 750-1263.

When should this form be used?
To report any incident, accident or near miss involving ANR employees, volunteers, 4-H members, or property. The form is for either severe or minor incidents, property damage, theft, or other losses, including motor vehicle accidents. The form should also be used to report injuries to non-employees (i.e.: volunteers, youth members, visitors) participating in UC ANR activities or events. Employee injuries must be reported using the process and forms described at http://safety.ucanr.edu/Guidelines/Reporting_an_Injury/.

Who should use this form?
Any ANR affiliate (employee, volunteer, etc.) may use this form.

What if I do not have all of the requested information?
Fill out the form as completely as possible, but it is understood that some information may not be applicable or available in many cases. Please submit basic information within 48 hours, you can amend the report later if more information becomes available.

Who should I call about the incident?
Report to the incident to your immediate supervisor (volunteers should report to a UC ANR staff member) as soon as practical. If they are not available call the Risk Services Office at (530) 750-1263.

What do I do with the completed form?
Volunteers or other non-employees - submit the completed form to your UC Cooperative Extension (UCCE) County Office. Volunteers at Research & Extension Centers (RECs) should submit the form to the REC office.

Employees - retain a copy of the completed form at your office and submit the completed form to:

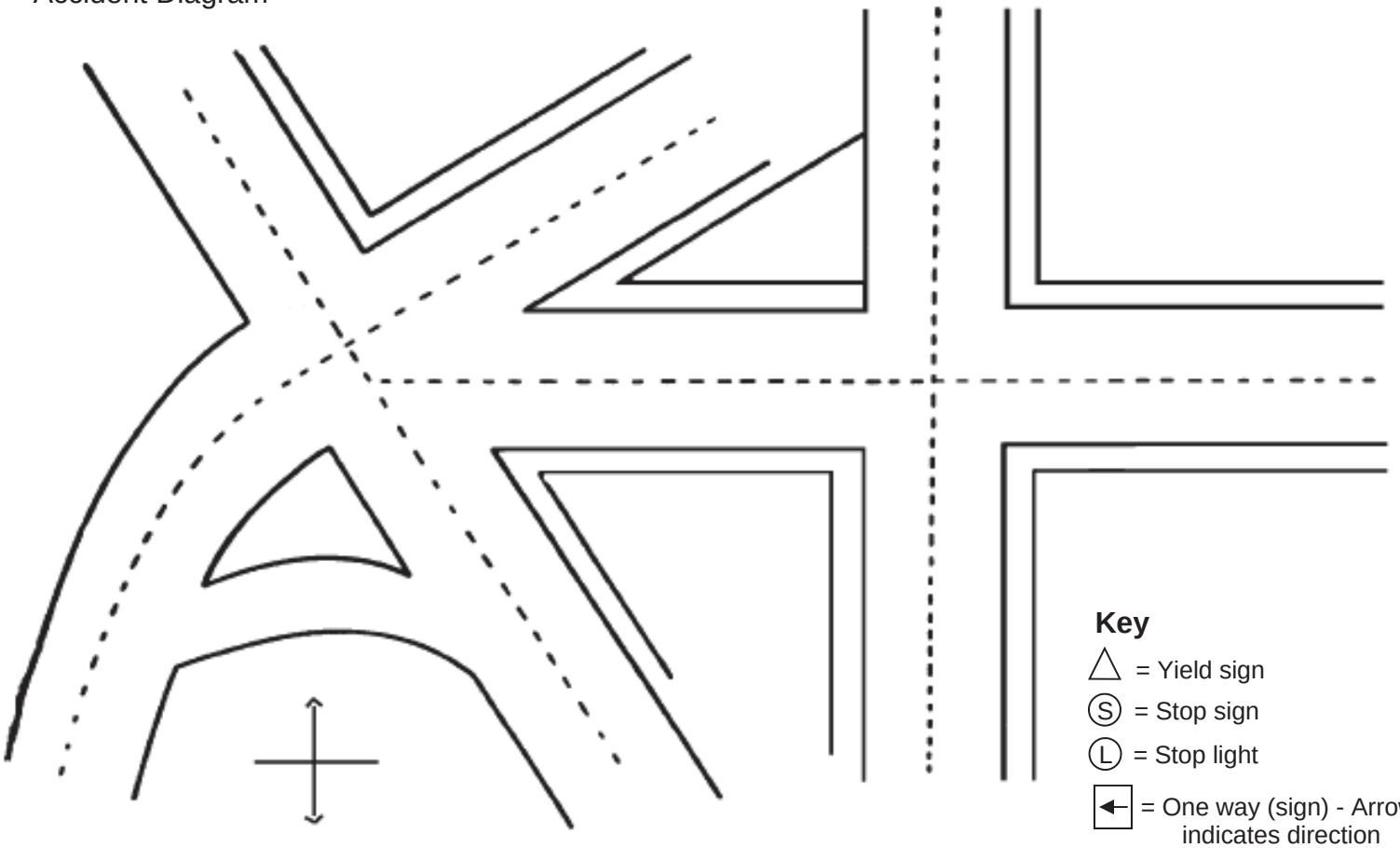
ANR Risk Services
2801 Second St.
Davis, CA 95618-7774

e-mail: risk@ucanr.edu

Where do I obtain a copy of the Incident Report form?
You may obtain copies of the Incident Report form from any CE County Office or on the internet at:
http://ucanr.edu/risk

Note: 4-H members, 4-H adult volunteers, Master Gardener, or Master Food Preserver volunteers may be eligible for “Accident and Sickness” Coverage through an Accident Insurance Program policy with The Hartford Life & Accident Insurance Company. See your local County office to obtain the Hartford claim form. Please fill out this incident report in addition to the Hartford claim form.

Accident Diagram



Key

△ = Yield sign

Ⓢ = Stop sign

Ⓛ = Stop light

= One way (sign) - Arrow indicates direction

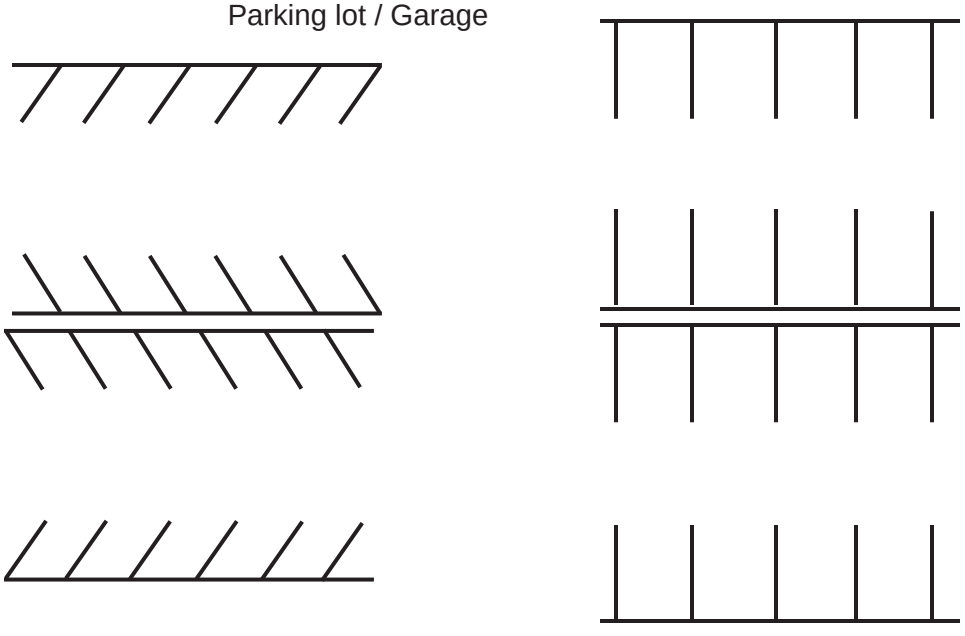
W = Witness

= Pedestrian

x = Your vehicle

A B = Other vehicle(s)

Parking lot / Garage



Show position of vehicle(s) and the direction of travel. Show all traffic signs and signals relevant to the accident. Note any obstructions and/or road surface type and condition. Feel free to add or create a new diagram as needed. Comments can be made to describe what happened or to clarify your diagram. If you add symbols to your diagram, enter the description in the symbol key.

UCD Employer's Report of Occupational Injury or Illness

UNIVERSITY POLICY REQUIRES THAT INDUSTRIAL INJURY/ILLNESS BE REPORTED TO WORKERS' COMPENSATION WITHIN 24 HOURS OF OCCURRENCE AND STATE REGULATIONS REQUIRE THAT ALL ACCIDENTS BE INVESTIGATED.
In the event of a serious injury or hospitalization, call Workers' Compensation immediately at (530) 752-7243. This form must be completed in its entirety and mailed or faxed (530) 752-3439 to Workers' Compensation. Omission of information could result in a delay of benefits.

EMPLOYEE MUST COMPLETE THESE SECTIONS:

EMPLOYEE DATA

Employee Name:		Employee's UCDavis ID #:
Address:		Home Phone: ( )
City/State/Zip:	Sex: ☐Female ☐Male	Date of Birth:
Department/Location:		Employee's Work Phone: ( )
Payroll Title/TC:	Date of Hire:	Annual Gross Salary: $
Supervisor's Name:		Supervisor's Work Phone: ( )
Employee ( ) Volunteer ( ) Student-Employee ( )	( )hours per day	( ) days per week ( ) total weekly hours

EMPLOYEE STATEMENT

Specific Injury/Illness/Exposure:	Body Part(s) affected:	Date of injury/illness:
Location where injury or illness occurred:		Others Injured? ☐Yes ☐No
What equipment, materials or chemicals caused the injury/illness? :		Who witnessed this injury?

Explain in detail how the injury occurred. Include specific activities/tasks performed at the time.

Medical Treatment provided by:
___Employee Health Services ___Sutter Davis Hospital ER
___Private Physician ___UC Davis Medical Center
___First Aid, no medical care needed.
Other: (Provide Name &Phone #) _____

Employee Signature:	Today's Date:

EMPLOYER'S INVESTIGATION AND STATEMENT (EMPLOYER COMPLETES):

EMPLOYER

After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:

What was the injury, illness or exposure?

INITIAL CAUSE

- ☐ Struck by or against object (indicate) _____
- ☐ Caught in/under/ between
- ☐ Fall / Slip / Trip
- ☐ Material handling or lifting
- ☐ Repetitive motion
- ☐ Chemical exposure
- ☐ Body fluid exposure:
  - __Needle stick
  - __Sharps
- ☐ Animal bite
- ☐ Other, Explain

_____
_____
_____
_____
_____

CONTRIBUTING FACTORS AND ACTIVITIES

Equipment
- ☐ Equipment failure
- ☐ Equipment unavailable
- ☐ Improper equipment or material used for job

Personal protective equipment
- ☐ Not worn
- ☐ Not readily available
- ☐ Not adequate for the task
- ☐ Personal protective equipment failure

Training/Experience
- ☐ Lack of training
- ☐ Safety training provided, not followed
- ☐ New task for employee or lack of experience

Work Area
- ☐ Work area set up improperly
- ☐ Inadequate lighting or noise issues
- ☐ Housekeeping issues
- ☐ Environmental factors (rain, wind, temp. etc)
- ☐ Ventilation issues
- ☐ Ergonomic factors

Employee
- ☐ Physically not able to do work
- ☐ Employee fatigue
- ☐ Unbalanced or poor position or motion
- ☐ Incorrect procedures used for task
- ☐ Other unsafe practice

Assistance
- ☐ Difficult to perform task without help
- ☐ Safety features or devices not readily available
- ☐ Assistive devices not used

- ☐ **Lack of policy/procedure**
- ☐ **Animal** (explain below)
- ☐ **Other** (explain) _____

_____
_____
_____

Use additional pages as needed

PREVENTIVE ACTIONS

SUPERVISOR WILL:
- ☐ Develop/revise safety procedures and update IIPP or Chem. Hyg. Plan
- ☐ Request ergonomic evaluation
- ☐ Order new equipment
- ☐ Order new personal protective equipment
- ☐ Remove equipment from use and repair/replace
- ☐ Schedule preventive maintenance
- ☐ Will retrain employee before task is re-assigned.
- ☐ Perform on-site review of work activity, update job safety analysis.
- ☐ Reconfigure work area
- ☐ Communicate corrective actions to others in job category.
- ☐ Other_____

_____

Preventive actions will be completed by:
Name_____

Expected date of completion_____

SUPERVISOR'S OR MANAGER'S SIGNATURE:	**Date of Investigation:**
DEPARTMENT HEAD'S SIGNATURE:	**Date:**

PLEASE NOTE: COMPLETING THIS FORM IS NOT AN ADMISSION OF UNIVERSITY LIABILITY

STATE OF CALIFORNIA DMV DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

READ IMPORTANT INFORMATION ON BACK

DMV USE ONLY

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

# OF VEHICLES	DATE OF ACCIDENT	ACCIDENT LOCATION - CITY/COUNTY (**CALIFORNIA ONLY**)	ON PRIVATE PROPERTY ☐ Yes ☐ No

REPORTING PARTY'S INFORMATION

TIME OF ACCIDENT ☐ AM ☐ PM Hour _____ | ☐ Moving ☐ Stopped in Traffic ☐ Parked ☐ Pedestrian ☐ Bicyclist ☐ Other *(E.G., ROLLAWAY)* | DRIVING FOR EMPLOYER ☐ Yes ☐ 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 | DAMAGES OVER $750 ☐ Yes ☐ No

VEHICLE OWNER—PERSON OR COMPANY | DATE OF BIRTH

ADDRESS | 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

OTHER PARTY'S INFORMATION

☐ Moving ☐ Stopped in Traffic ☐ Parked ☐ Pedestrian ☐ Bicyclist ☐ Other *(E.G., ROLLAWAY)* | DRIVING FOR EMPLOYER ☐ Yes ☐ 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 | DAMAGES OVER $750 ☐ Yes ☐ No

VEHICLE OWNER—PERSON OR COMPANY | DATE OF BIRTH

ADDRESS | 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 | ☐ Injured ☐ Deceased | ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Pedestrian

NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED | ☐ Injured ☐ Deceased | ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Pedestrian

OTHER PROPERTY DAMAGED *(TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)* | DAMAGES OVER $750 ☐ Yes ☐ 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

☐ ADDITIONAL INFORMATION ATTACHED

SR 1 (REV. 9/2008) **WWW**

A **YOUR VEHICLE**

CALIFORNIA INSURANCE INFORMATION **DO NOT DETACH**

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.**

DMV FILE NUMBER

INSURANCE

NAME OF INSURANCE COMPANY (NOT AGENCY OR BROKERAGE) 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. 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**