



SAUSD - Risk Management Department

# Auto Accident / Damage Procedures

**ONLY for District Owned / Leased Vehicles**

## Employee Procedures

The following procedures must be followed if you were **driving a district vehicle** and were involved in an auto accident or were in an incident that caused damage(s) to a district vehicle, such as running into a pole, a cracked windshield, etc.

1. Call your supervisor immediately.
2. Call **School Police** at (714) 558-5535.
3. Complete the attached District Auto Accident/Damage Report Forms (**PART 1 & 2**) and send the completed forms to (email preferred) your supervisor, Risk Management and Transportation, within **24 hours** of the accident. If the accident occurs after hours/weekend, then report the accident immediately via email to Risk Management and the Transportation Department.

Risk Management may be reached at [RiskManagement@sausd.us](mailto:RiskManagement@sausd.us) / 714-558-5856.

Transportation may be reached at [Transportation@sausd.us](mailto:Transportation@sausd.us) / 714-558-5811.

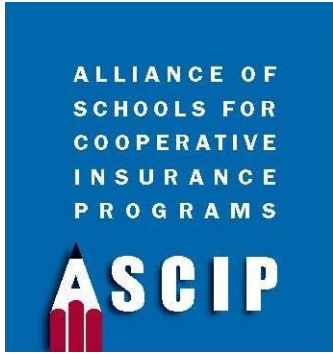
4. The District vehicle must be brought to the Transportation Dept. for inspection, immediately following the accident or incident.
5. **If medical treatment is needed**, the injured employees may file a workers' compensation claim and request medical treatment by calling:

**InterAID Nurse Triage Hotline at: 1 (800) 367-5020**

Available 24 hours a day, 7 days a week. **Dial 911 if life or limb is threatened!**

## Supervisor Procedures

1. Ensure that the employee follows the steps listed above.
  - Submits the District Auto Accident/Damage Report Form (**PART 1 & 2**).
  - Vehicle is dropped off, for inspection, to the Transportation Department, within 24 hours of the accident.
2. **If medical treatment is needed**, refer the employee to the InterAid Nurse Hotline at (800) 367-5020 or 911 if life or limb is threatened.



# AUTO ACCIDENT AND/OR AUTO DAMAGE REPORT

## PART 1

SUBMIT FORM TO:

[RiskManagement@SAUSD.US](mailto:RiskManagement@SAUSD.US)  
and  
[Transportation@SAUSD.US](mailto:Transportation@SAUSD.US)

This vehicle is owned/leased by  
**SANTA ANA UNIFIED  
SCHOOL DISTRICT**  
a public entity, as defined in Section 811.2 of the Government Code and is permissibly self-insured through the Alliance of Schools for Cooperative Insurance Programs (ASCIP, a Joint Powers Authority. Pursuant to Section 16020(b)(2) and (b)(4) of the California Vehicle Code (CVC), evidence of financial responsibility is established through public agency status and qualification as a self-insurer.

Rev. 7/2023

## AUTO ACCIDENT AND/OR AUTO DAMAGE REPORT

ACCIDENT/DAMAGE DATE: \_\_\_\_\_

TIME OF ACCIDENT/DAMAGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WAS SCHOOL POLICE CALLED: Yes ( ) No ( )

*(Note, for Auto Accidents, School Police must be called)*

NAME SUPERVISOR NOTIFIED: \_\_\_\_\_

DATE & TIME NOTIFIED: \_\_\_\_\_

## DISTRICT VEHICLE INFORMATION

DRIVER: \_\_\_\_\_

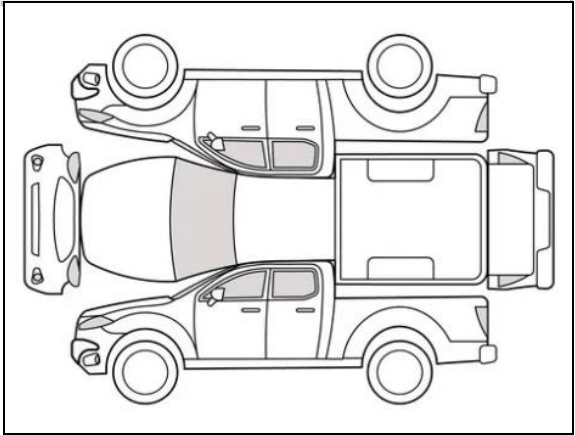
VEHICLE UNIT #: \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_

VEHICLE MAKE & MODEL: \_\_\_\_\_

VEHICLE LICENSE #: \_\_\_\_\_

## INDICATE AREA(S) OF DAMAGE



☐ Slight ☐ Moderate ☐ Extreme ☐ None

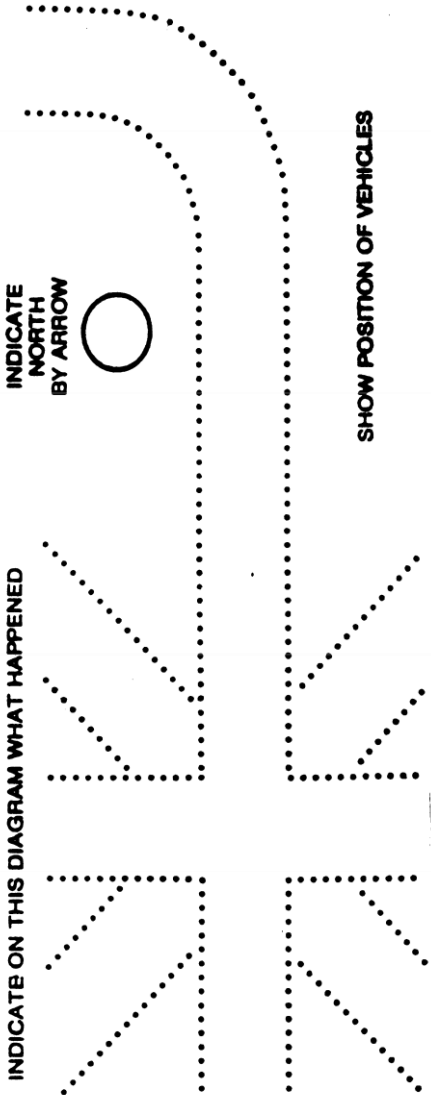
**(ALWAYS TAKE PICTURES)**

## ADDITIONAL INFORMATION

POLICE OFFICER NAME: \_\_\_\_\_

POLICE REPORT #: \_\_\_\_\_

## DIAGRAM OR ADDITIONAL NOTES:





# AUTO ACCIDENT AND/OR AUTO DAMAGE REPORT FORM

## PART 2

This form is intended to create a record of an Auto Accident and/or to report damages to a District vehicle. To report an Auto Accident, the bottom portion of this report must be completed. To report damages to a District vehicle, check the box below and complete the top portion of this report. The completed copy must be sent to [RiskManagement@SAUSD.US](mailto:RiskManagement@SAUSD.US) and [Transportation@SAUSD.US](mailto:Transportation@SAUSD.US). The vehicle must be brought in to be inspected by Transportation.

**This report must be returned to your supervisor, Risk Management and Transportation, within 24 hours.**

☐ I am reporting damages to District Vehicle Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Reporting \_\_\_\_\_

### TO REPORT AN AUTO ACCIDENT

Employee's Name (Driver): \_\_\_\_\_ Employee's Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ School/Department: \_\_\_\_\_

Date of Auto Accident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. ☐ p.m. ☐ Location of Accident: \_\_\_\_\_

Describe in detail how the auto accident occurred and what you were doing at the time of the accident. Please use a separate sheet of paper if needed:

\_\_\_\_\_

Describe your current symptoms, if any.

\_\_\_\_\_

Any Witnesses? (Please provide names and titles.)

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

Do you require medical treatment at this time? NO ☐ YES ☐

Was anyone else injured? NO ☐ YES ☐ If YES, please provide employees name(s): \_\_\_\_\_

If medical treatment is needed, you may file a workers' compensation claim and request medical treatment by calling: **InterAID Nurse Triage Hotline 1 (800) 367-5020**. InterAID Nurse and Medical Treatment is available 24 hours a day, 7 days a week.

You may also contact the SAUSD Risk Management Department at 714-558-5856 if you have questions regarding receiving medical treatment and/or filing a workers' compensation claim. You may also find additional information located on the SAUSD Risk Management web page by logging on to the Staff Portal at [www.sausd.us](http://www.sausd.us).

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date received: \_\_\_\_\_

**The filing of this form does not constitute the filing of a workers' compensation claim. No copies of this report shall be furnished to anyone, including employees, without permission of the SAUSD Risk Management Department**



SAUSD - Risk Management Department

## Proof of Insurance

Auto Accident / Damage for District Owned / Leased Vehicles

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**Attention SAUSD Employee,** if you were involved in an auto accident with another vehicle, while driving an SAUSD owned or leased vehicle, then provide this document to the other driver as proof of insurance.

**This Vehicle is Permissibly Self-Insured through the  
Alliance of Schools for Cooperative Insurance Programs  
(ASCIPJ) A joint Powers Authority**

California Vehicle Code (CVC) Section 16020(b)(4) states in short, "Evidence of financial responsibility" means, "A showing that the vehicle is owned or leased by, or under the direction of, the United States or a public entity, as defined in Government Code, Section 811.2.

Government Code Section 811.2 states. "Public entity" includes the State, the Regents of the University of California, a county, city, district, public authority, public agency, and any other political subdivision or public corporation in the state. Therefore, a vehicle registration or a copy of a lease agreement showing that a vehicle is owned by or is leased to a public agency is acceptable as proof of financial responsibility.

For questions or concerns regarding filing a claim for damages to your vehicle and / or a bodily injury due to an auto accident, involving an SAUSD owned or leased vehicle, please contact:



Santa Ana Unified School District – Risk Management

1601 E. Chestnut Ave., Santa Ana, CA 92701

714-558-5856 Fax 714-480-5320

Email: [RiskManagement@SAUSD.us](mailto:RiskManagement@SAUSD.us)