

VEHICLE ACCIDENT REPORT

STD 270 (Rev. 1/2025)

DEPARTMENT OF GENERAL SERVICES
 OFFICE OF RISK AND INSURANCE MANAGEMENT
 916.376.5300
 claims@dgs.ca.gov

****CONFIDENTIAL INFORMATION****

**DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF
 THE OFFICE OF RISK AND INSURANCE MANAGEMENT.**

This report must be received by ORIM within 2 business days after

STATE DRIVER

NAME			EMPLOYING DEPARTMENT	
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	JOB TITLE	
STATE DRIVER'S EMAIL			OFFICE ADDRESS (Street, City, State, Zip Code)	
WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS?			SUPERVISOR NAME	
YES <input type="checkbox"/> NO <input type="checkbox"/> (If NO, attach explanation)			SUPERVISOR EMAIL	SUPERVISOR PHONE

STATE VEHICLE

VEHICLE LICENSE NUMBER	VEHICLE YEAR	MAKE	MODEL	VEHICLE EQUIPMENT NUMBER
VEHICLE OWNER: Indicate Dept. Owned*, Rental*, DGS Pool, or Employee Owned				* If Dept. Owned or Rental, Enter Owner's Name

DESCRIBE DAMAGES TO STATE VEHICLE

ACCIDENT DETAILS

ACCIDENT LOCATION (Address/Area)		ACCIDENT DATE	POLICE REPORT MADE?
		ACCIDENT TIME	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
CITY	STATE	ZIP CODE INVESTIGATING AGENCY NAME AND ADDRESS	
COUNTY			

PROVIDE A BRIEF DESCRIPTION OF HOW THE ACCIDENT OCCURED

OTHER VEHICLE

DRIVER'S NAME			VEHICLE LICENSE NO.	VEHICLE YEAR	MAKE	MODEL
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	REGISTERED OWNER		OWNER PHONE	NO. OF PASSENGERS
DRIVER'S ADDRESS			OWNER ADDRESS (Street, City, State, Zip Code)			
CITY		STATE	ZIP	NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE		

BRIEFLY DESCRIBE DAMAGE TO OTHER VEHICLE/PROPERTY

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INJURED

NAME	DATE OF BIRTH	ADDRESS (Street, City, State, Zip Code)
NAME	DATE OF BIRTH	ADDRESS (Street, City, State, Zip Code)

WITNESS

NAME	PHONE	ADDRESS (Street, City, State, Zip Code)
NAME	PHONE	ADDRESS (Street, City, State, Zip Code)

ADDITIONAL VEHICLE

DRIVER'S NAME	VEHICLE LICENSE NO.	VEHICLE YEAR	MAKE	MODEL
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	REGISTERED OWNER	OWNER PHONE
DRIVER'S ADDRESS (Street, City, State, Zip Code)		OWNER ADDRESS (Street, City, State, Zip Code)		

NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE

DESCRIBE DAMAGE TO OTHER VEHICLE/PROPERTY
