



## VEHICLE ACCIDENT REPORT

Please fill out this form to report ALL *vehicular* accidents involving District Staff or District vehicles that resulted in damage to ANY property or person.

1075 Creekside Ridge Drive  
Suite 240  
Roseville, CA 95678  
Phone: (916) 722-5550  
Website: [capriportal.org](http://capriportal.org)

District Staff should complete this form and provide to the District Vehicle Accident Investigator for review.

**Completed forms should be sent to [incidents@capri-jpa.org](mailto:incidents@capri-jpa.org) within 72 hours of the accident.**

**THE CAPRI "DRIVER'S REPORT OF ACCIDENT" TRI-FOLD PACKETS SHOULD BE KEPT IN EACH DISTRICT-OWNED VEHICLE AND WILL FACILITATE THE COLLECTION OF THE BELOW INFORMATION IMMEDIATELY FOLLOWING AN ACCIDENT. DOWNLOAD THE TRI-FOLD AT [CAPRIportal.org](http://CAPRIportal.org).**

DISTRICT NAME: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_

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

### District Driver

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_ EXPIRATION: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DRIVING ON DISTRICT BUSINESS? (Y/N): \_\_\_\_\_

WAS DRIVER INJURED? (Y/N) (If yes, please also consult CAPRI Workers' Comp Manual.): \_\_\_\_\_

### District Vehicle

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

VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

DESCRIBE DAMAGE TO VEHICLE (If District is also making a property loss claim, please also complete the CAPRI Property Loss Notice Form and return to CAPRI.):

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**Other Party**

Moving     Stopped in Traffic     Parked     Pedestrian     Bicyclist     Other

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_ EXPIRATION: \_\_\_\_\_

INSURANCE CO. NAME: \_\_\_\_\_ INS. CO. PHONE: (\_\_\_\_) \_\_\_\_\_

POLICY HOLDER NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

WAS DRIVER INJURED? (Y/N) (If yes, describe injury.): \_\_\_\_\_

**Other Vehicle**

REGISTERED OWNER: \_\_\_\_\_ REGISTERED STATE: \_\_\_\_\_

VEHICLE LICENSE #: \_\_\_\_\_ DRIVING FOR EMPLOYER? (Y/N): \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

DESCRIBE DAMAGE TO VEHICLE: \_\_\_\_\_

**Other Party (if necessary)**

Moving     Stopped in Traffic     Parked     Pedestrian     Bicyclist     Other

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_ EXPIRATION: \_\_\_\_\_

INSURANCE CO. NAME: \_\_\_\_\_ INS. CO. PHONE: (\_\_\_\_) \_\_\_\_\_

POLICY HOLDER NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

WAS DRIVER INJURED? (Y/N) (If yes, describe injury.): \_\_\_\_\_

**Other Vehicle (if necessary)**

REGISTERED OWNER: \_\_\_\_\_ REGISTERED STATE: \_\_\_\_\_

VEHICLE LICENSE #: \_\_\_\_\_ DRIVING FOR EMPLOYER? (Y/N): \_\_\_\_\_

VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

DESCRIBE DAMAGE TO VEHICLE: \_\_\_\_\_

**Witness/Passenger Information (Use additional sheets if more space is needed.)**

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_ PASSENGER OR WITNESS?: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Accident Description**

POLICE REPORT MADE (Y/N?): \_\_\_\_\_ POLICE DEPT.: \_\_\_\_\_ REPORT #: \_\_\_\_\_

Weather Conditions:  Clear  Fog  Rain  Snow  Other

Lighting Conditions:  Daylight  Dark  Dawn  Dusk  Other

Traffic Conditions:  None  Light  Heavy  Stopped  Other

DISTRICT VEHICLE DIRECTION OF TRAVEL: \_\_\_\_\_

DISTRICT VEHICLE SPEED: \_\_\_\_\_ RELEVANT SPEED LIMIT (If known): \_\_\_\_\_

OTHER VEHICLE DIRECTION OF TRAVEL: \_\_\_\_\_

OTHER VEHICLE SPEED: \_\_\_\_\_ RELEVANT SPEED LIMIT (If known): \_\_\_\_\_

ACCIDENT DESCRIPTION (Please detail what happened. Be specific, but do not speculate on fault.):

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COMPLETE THE BELOW DIAGRAM (Please select the diagram configuration that best fits the accident scene. Include the direction of travel for all vehicles and pedestrians involved.)

