

POOLED LIABILITY ASSURANCE NETWORK JOINT POWERS AUTHORITY
1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833
(800) 541-4591 ~ FAX (916) 244-1199



AUTOMOBILE LIABILITY COVERAGE INFORMATION

COVERED ENTITIES

City of American Canyon	City of Half Moon Bay	Town of Ross
Town of Atherton	Town of Hillsborough	City of San Bruno
City of Benicia	Town of Los Altos Hills	City of San Carlos
City of Burlingame	Town of Los Gatos	City of Saratoga
City of Campbell	City of Millbrae	City of South San Francisco
Town of Colma	City of Milpitas	City of Suison City
City of Cupertino	City of Morgan Hill	Town of Tiburon
City of Dublin	City of Newark	Town of Woodside
City of East Palo Alto	City of Pacifica	
City of Foster City	Town of Portola Valley	

The above entities are self-insured as permitted under Vehicle Code Section 16020(b)(4).



PLAN JPA General Manager

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BASIC ACCIDENT INFORMATION

DO

1. Introduce yourself by name and title
2. Offer to get aid – police, paramedics, relative
3. Set out flares and other warning devices
4. Obtain statements from involved parties as to how accident happened
5. Obtain names of any possible witnesses
6. Identify workers in area by company, address, etc.
7. Determine the weather conditions
8. Obtain name, address, telephone number, and age of injured
9. If possible, determine if alcohol or drugs were involved
10. Take photos, if possible
11. Fill out as much of the vehicle accident report as practical and give to your supervisor *immediately*

DO NOT

1. **DO NOT** admit that the city is responsible or admit to any liability
2. **DO NOT** move an injured party unless it is for their protection
3. **DO NOT** leave injured alone; wait for help to arrive
4. **DO NOT** give a statement to *anyone*
5. **DO NOT** discuss the accident with any bystanders
6. **DO NOT** indicate that the city will pay medical or any other expenses; “I’m sorry, I don’t know.”
7. **DO NOT** refer to a specific physician or hospital
8. **DO NOT** discuss the accident with anyone from the press

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HOW DID ACCIDENT HAPPEN?

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 Employee's Signature

 Date

SUPERVISOR REVIEW

Comments, if any:

 Supervisor's Signature

 Date

(After review, the supervisor should forward this report to the Risk Manager.)

POOLED LIABILITY ASSURANCE NETWORK JOINT POWERS AUTHORITY VEHICLE ACCIDENT REPORT

Accident date: _____ Time: _____ AM/PM

Place where accident happened: _____

YOU AND YOUR VEHICLE (Vehicle #1)

Name & Title: _____

Department: _____ Telephone: (____) _____

CA Driver's License #: _____ Expiration: _____

V.I.N. (Vehicle Identification Number): _____

License Plate Number: _____

Vehicle Make: _____ Model: _____ Year: _____

Registered Owner: _____

Passengers' Names: _____

Damages (include any permanently attached equipment): _____

Were you injured? Yes No (If yes, you must also complete an Occupational Injury Report immediately.)

OTHER VEHICLES AND DRIVERS (Vehicle #2)

Driver's Name: _____ Telephone: (____) _____

Address: _____

Driver's License #: _____ State: _____ Expiration: _____

Vehicle Make: _____ Year: _____

License #: _____

Registered Owner: _____

Passengers' Names: _____

Damages: _____

Insurance Company: _____ Policy No.: _____

OTHER VEHICLES AND DRIVERS (Vehicle #3)

Driver's Name: _____ Telephone: () _____

Address: _____

Driver's License #: _____ State: _____

Vehicle Make: _____ Year: _____

License #: _____

Registered Owner: _____

Passengers' Names: _____

Damages: _____

Insurance Company: _____ Policy No.: _____

INJURED PERSONS

(List below all employees, drivers, and passengers from all vehicles who were injured)

1. Name: _____ Telephone: () _____

Address: _____

Where Taken: _____

2. Name: _____ Telephone: () _____

Address: _____

Where Taken: _____

3. Name: _____ Telephone: () _____

Address: _____

Where Taken: _____

WITNESSES

1. Name: _____ Telephone: () _____

Address: _____

2. Name: _____ Telephone: () _____

Address: _____

LAW ENFORCEMENT

Investigated by Officer: _____

Agency: _____ Badge #: _____

Report Number: _____

DIAGRAM OF ACCIDENT (Please draw diagram below.)

1. Number city vehicle as 1, other vehicle as 2, additional vehicle as 3, and show direction of travel with arrows. EXAMPLE: → □ □ ←
2. Use solid line to show path before accident
3. Show pedestrian by -----
4. Show railroad by _____
5. Give names or numbers of streets or highways
6. Indicate north by arrow within this box → □
7. Show traffic signs and signals

CONDITIONS AT ACCIDENT SCENE

- | | | | | |
|-------------------|-----------------------------------|---------------------------------|--------------------------------------|-------------------------------|
| Light: | <input type="checkbox"/> Daylight | <input type="checkbox"/> Night | <input type="checkbox"/> Dawn | <input type="checkbox"/> Dusk |
| Weather: | <input type="checkbox"/> Clear | <input type="checkbox"/> Rain | <input type="checkbox"/> Snow | <input type="checkbox"/> Fog |
| Road Surface: | <input type="checkbox"/> Dry | <input type="checkbox"/> Debris | <input type="checkbox"/> Snow/Ice | <input type="checkbox"/> Wet |
| Surrounding Area: | <input type="checkbox"/> Business | <input type="checkbox"/> Rural | <input type="checkbox"/> Residential | |