

VEHICLE ACCIDENT REPORT

STD 270 (Rev. 1/2025)

****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? YES: <input type="checkbox"/> NO: <input type="checkbox"/>
			ACCIDENT TIME	
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						

VEHICLE ACCIDENT REPORT

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

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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