



LIABILITY ACCIDENT NOTICE – NON-AUTOMOBILE

If accident is fatal or involves serious injury, telephone the SIA office immediately: (916) 364-1281

District: Twin Rivers Unified School District 5115 Dudley Avenue, McClellan, CA 95652

Contact Person: _____ Phone #: (____) _____

Time & Place: Date of Accident _____ Time of Accident ____:____ am / pm

Location _____

Location Phone #: (____) _____ Contact Person: _____

Injured Person: Name: _____ Age: _____

Address: _____ City/town _____

Occupation: _____ Home Phone #: (____) _____

Work Phone #: (____) _____ Cell Phone #: (____) _____

Does the injured person have student accident insurance? Yes or No Company Name: _____

Does the injured person have any other medical insurance? Yes or No Company Name: _____

What was the injured person doing when the accident occurred? _____

The Injury: Nature and extent of the injury: _____

Where was the injured person taken after the accident? _____

Police/Fire Notified: (Circle one) CHP - Sheriff - Police - Fire - Paramedics

Officer Badge # _____ Report # _____

Property Damage: Owner: _____ Phone #: (____) _____

Address: _____ City/town _____

List Damages: _____ Cost of Repairs: \$ _____

Witnesses: Name: _____ Name: _____

Phone #: (____) _____ Phone #: (____) _____

Address: _____ Address: _____

Description of Accident: _____

I Hereby Certify That the Foregoing is True to the Best of My Knowledge.

Name of Reporting Party: _____ Signature: _____ Date _____

PRESENTATION OF A FALSE CLAIM IS A FELONY

*For use by District and SIA Only
SIA, PO Box 276710, Sacramento CA 95827-6710*

07/01/08