

**THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT
(ACCIDENTS INVOLVING INJURY SHOULD FIRST BE CALLED OR FAXED
TO ORIM AT (916) 376-5302 - CALIFORNIA T23MAIC9956069**

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ACCIDENT PREVIOUSLY REPORTED TO ORIM? (/)
 YES NO

(Dept. owned vehicles only) Page of

A	NAME		AGE	EMPLOYING DEPARTMENT	AGENCY BILLING CODE	
	DRIVER'S LICENSE NO.	ACCIDENT DATE	TIME	OFFICE ADDRESS	AGENCY DOCUMENT NO. ()	
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (/)		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING M /		NOT TAKEN	JOB TITLE	BUSINESS TELEPHONE	

A	VEHICLE LICENSE NUMBER	

A				
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

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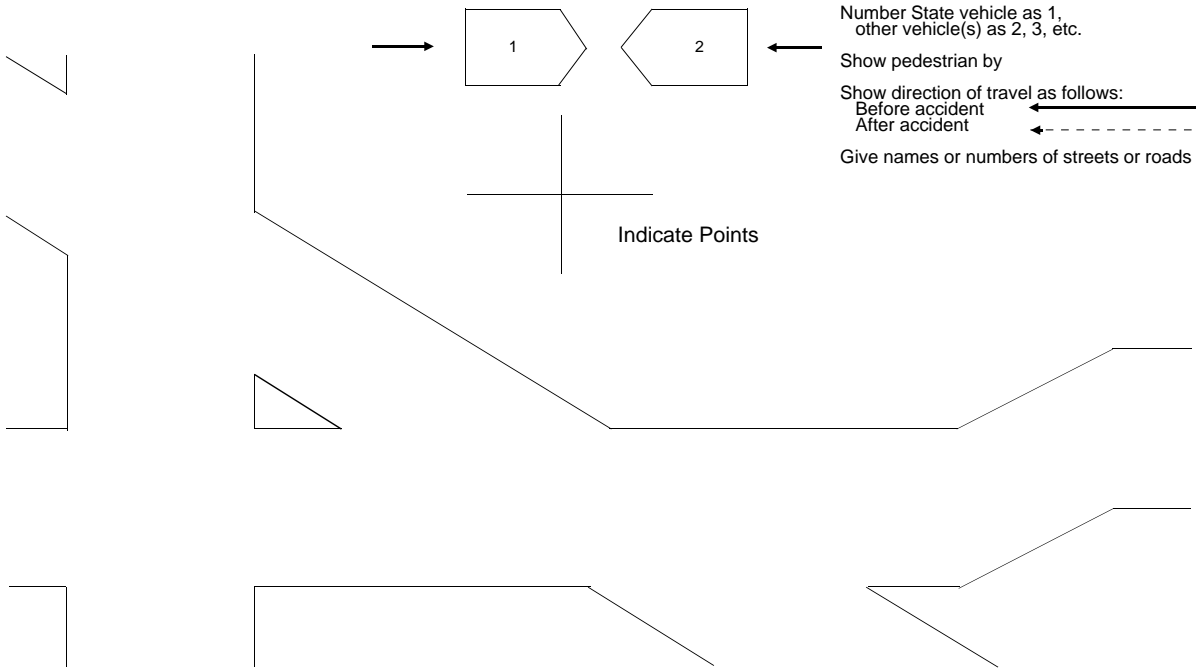
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FULLY STATE HOW ACCIDENT OCCURRED (G / , //)

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