STATE OF CALIFORNIA

## ACCIDENT REPORT (Other than Motor Vehicle)

STD. 268 (REV. 8-94)

This report should be completed and distributed within 48 hours of the incident. Attach any photos or diagrams.

## CONFIDENTIAL--ATTORNEY/CLIENT PRIVILEGED DOCUMENT

This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the State or its employees. Under no circumstances should information be given to anyone except authorized state officials.

INCIDENT DATE	LOCATION (Describe specific location on reverse)			TIME
-	IN HIDED DAE	TVINEODMAT	FION	
	INJURED PAR	TYINFORMA	IION	
INJURED PARTY'S NAME (Last, First, M.I.)			BIRTH DATE	DRIVER'S LICENSE NUMBER
INJURED PARTY'S MAILING ADDRESS (Stree	et City State Zin)		HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
NOTICE I ATT I GIVALENG ADDITESS (GIREE, GIR, State, 24)			( )	( )
	MED INJURY (Describe incident in detail on reverse)			
PHOTOGRAPHSTAKEN IF YES, YES NO	BY WHOM	FIRST AID GIVEN YES	IF YES, BY WHOM	
	PROPERTY DAMA(	GE/LOSSINFO	RMATION	
PROPERTY OWNER'S NAME (Last, First, M.I	.)		HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
			( )	( )
NATURE AND EXTENT OF DAMAGE / LOSS (	Describe in detail on Teverse on this page)			
	WITNESS	INFORMATIO	N	
NAME (Last, I		ADDRESS (St	treet, City, State, Zip)	TELEPHONE NUMBER
1.	HOME			( )
DRIVER'S LICENSE NUMBER:				( )
2.	WORK			( )
DDIVEDIO LIGENOS NUMBED	HOWE			
DRIVER'S LICENSE NUMBER:  3.	WORK			( )
	HOME			,
DRIVER'S LICENSE NUMBER:				( )
REPORTING AGENCY NAME				
REPORTING EMPLOYEE'S NAME AND TITLE (Print or Type)				TELEPHONE NUMBER
REPORTING EMPLOYEE'S SIGNATURE				
REPORTING EMPLOYEE'S SUPERVISOR'S I	NAME AND TITLE (Print or Type)			TELEPHONE NUMBER
2 23.22.000 ENVIOUNO				( )

STATE OF CALIFORNIA

## **ACCIDENT REPORT**

(Other than Motor Vehicle)

STD. 268 (REV. 8-94) (REVERSE)

## USE ADDITIONAL SHEETS AS NECESSARY

DESCRIBE SPECIFIC LOCATION OF THE INCIDENT	
DESCRIBE THE INCIDENT IN DETAIL	