

CALIFORNIA AUTO LIABILITY COVERAGE IDENTIFICATION CARD

ISSUING AGENCY:

VECTOR CONTROL JOINT POWERS AGENCY
1750 CREEKSIDE OAKS DRIVE, SUITE 200, SACRAMENTO, CA 95833
Phone: 800.541.4591 ~ Fax: 855.242.8919 ~ VCJPA.org

MEMORANDUM NO. : VCJPA 1-GL **ISSUED:** 7/1/16 (coverage is continuous)

COVERED DISTRICTS:

Alameda County MAD	Glenn County MVCD	Pine Grove MAD
Burney Basin MAD	Greater LA County VCD	Placer MVCD
Butte County MVCD	Kings County MAD	Sacramento-Yolo MVCD
Coachella Valley MVCD	Lake County MVCD	San Gabriel Valley MVCD
Coalinga-Huron MAD	Los Angeles County West VCD	San Joaquin County MVCD
Colusa MAD	Marin-Sonoma MVCD	San Mateo County MVCD
Compton Creek MAD	MVMD of Santa Barbara County	Shasta MVCD
Consolidated MAD	Napa County MAD	Sutter-Yuba MVCD
Contra Costa MVCD	Northern Salinas Valley MAD	Tehama County MVCD
Delta VCD	Northwest MVCD	Turlock MAD
Durham MAD	Orange County MVCD	West Valley MVCD
Fresno MVCD	Oroville MAD	

Issued in accordance with Vehicle Code Section 16020(a) and (b)

IF YOU HAVE AN ACCIDENT:

- REPORT ALL ACCIDENTS**, no matter how minor you think it is. Contact police department to report the accident and obtain report when available if accident involves another vehicle. Use the Vehicle Accident Report Form when reporting the vehicle accident.
- STOP IMMEDIATELY** and take the time to secure the scene to prevent additional accidents.
- SEND FOR HELP**. Never leave the accident scene; it is against the law. Telephone for help or ask assistance of passing motorists or bystanders to call police (911).
- ENSURE ALL INJURED PERSONS ARE GIVEN MEDICAL ATTENTION**. Do not move a person, as further injury is likely to result.
- GET NAMES OF WITNESSES**. Fill out the "Witnesses" section on Vehicle Accident Report Form.
- EXCHANGE INFORMATION** with the other party in the accident. Please provide other party(ies) with the district's business card. Please make other party aware you are from the district not a part of the County.
- REPORT THE ACCIDENT** to your supervisor immediately. Fill out the enclosed Accident Report Form and give it to your supervisor.
- CHECK WITH SUPERVISOR** for any additional district procedures.

DO NOT MAKE ANY STATEMENT OF ANY KIND TO ANYONE OTHER THAN YOUR SUPERVISOR, THE POLICE, OR A CLAIMS ADJUSTER.

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