

OFFICE OF CHRISTINE LIZARDI FRAZIER  
KERN COUNTY SUPERINTENDENT OF SCHOOLS

**ACCIDENT REVIEW COMMITTEE REPORT**

Committee Purpose: Provide recommendations for prevention of similar accidents.

Date of Accident: \_\_\_\_\_ Vehicle #: \_\_\_\_\_ Dept. \_\_\_\_\_

Driver: \_\_\_\_\_ Location: \_\_\_\_\_

Passengers: \_\_\_\_ Yes \_\_\_\_ No If yes, how many: \_\_\_\_\_

**TYPE OF ACCIDENT:** (Mark appropriate line)

- |                         |                              |                       |
|-------------------------|------------------------------|-----------------------|
| _____ Right Turn        | _____ Rear End               | _____ Moveable Object |
| _____ Left Turn         | _____ Insufficient Clearance | _____ Injuries        |
| _____ Backing           | _____ Hit by Other           | _____ Other           |
| _____ Stationary Object | _____ Intersection           |                       |

Description of Accident:

Recommendation(s):

Accident Review Committee: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_