

Office of Christine Lizardi Frazier
Kern County Superintendent of Schools
Vehicle Accident Report

TIME AND LOCATION OF ACCIDENT:

Date _____ Time _____ Location _____

Did Police make a report _____ City _____ Sheriff _____ CHP _____ Report # _____

Type of road _____ Road condition _____ Weather _____ Lighting _____

DISTRICT VEHICLE:

Driver's name _____ Driver's License # _____

Home address _____ City _____ Phone # _____

Vehicle # _____ Year _____ Model _____ License # _____ Vin # _____

Describe damage:

Direction of travel _____ Speed at time of impact _____ mph Photo available ____yes ____no

Passengers' names and addresses (indicate if injured, if so, where were they taken or treated)

OTHER VEHICLE OR PROPERTY:

Type of vehicle or property _____ Year _____ Model _____ Lic # _____

Driver's name _____ Driver's License# _____

Home address _____ City _____ Phone # _____

Registered owner _____ Address _____

Insurance Company _____ Policy Number _____

Describe damage

Direction of travel _____ Speed at time of impact _____ mph Photo available ____ yes ____no

Where can property be seen? _____

Passengers' name and addresses (indicate if injured, if so, where were they taken or treated)

WITNESSES:

Name	Address	City	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIPTION:

Describe accident concisely

Driver's signature

Date

Report reviewed by Supervisor _____ Yes _____ No

Name and Title

Draw a diagram showing all vehicles, streets, objects, traffic control devises or any condition that might have contributed to the accident:

