

**County of Kern - Safety Commission**  
**MOTOR VEHICLE ACCIDENT REPORT**

|                                                                             |                                                                                                                |                                                         |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>1</b><br>TIME AND<br>PLACE OF<br>ACCIDENT                                | Date _____ at _____ on _____                                                                                   |                                                         |
|                                                                             | At _____ In _____ Street or Rural Highway _____                                                                |                                                         |
|                                                                             | Intersection - house number or highway location _____ City or County _____ State _____                         |                                                         |
|                                                                             | Accident investigated by police _____ Yes _____ No _____ If so - State Dept. _____                             |                                                         |
| <b>2</b><br>COUNTY<br>DRIVER AND<br>VEHICLE IN<br>ACCIDENT                  | Vehicle _____ Equip. No. _____ Type _____ License No. _____ Dept. _____                                        |                                                         |
|                                                                             | Driver _____ Address _____                                                                                     |                                                         |
|                                                                             | Sex _____ Age _____ Operators License _____ Occupation _____ Official Business _____                           |                                                         |
|                                                                             | Driver Condition _____ Cited by Officer _____ If so Charges _____                                              |                                                         |
|                                                                             | Has driver had previous accident? _____                                                                        | If so, when? _____ Where? _____ Was it avoidable? _____ |
| <b>3</b><br>PASSENGERS<br>IN COUNTY<br>VEHICLE                              | 1 Name _____ Address _____                                                                                     |                                                         |
|                                                                             | 2 _____                                                                                                        |                                                         |
|                                                                             | 3 _____                                                                                                        |                                                         |
| <b>4</b><br>OTHER<br>VEHICLE AND<br>DRIVER                                  | Vehicle _____ Type _____ License No. _____ State _____                                                         |                                                         |
|                                                                             | Driver _____ Address _____ License No. _____                                                                   |                                                         |
|                                                                             | Owner _____ Address _____                                                                                      |                                                         |
|                                                                             | Driver Condition _____ Cited by Officer _____ If so, charges _____                                             |                                                         |
|                                                                             | Insured with _____ Agent _____                                                                                 |                                                         |
| <b>5</b><br>PASSENGERS<br>IN OTHER<br>VEHICLE                               | 1 Name _____ Address _____                                                                                     |                                                         |
|                                                                             | 2 _____                                                                                                        |                                                         |
|                                                                             | 3 _____                                                                                                        |                                                         |
| <b>6</b><br>DAMAGE TO<br>VEHICLES OR<br>PROPERTY                            | County Vehicle or Property _____                                                                               |                                                         |
|                                                                             | Estimated Cost _____                                                                                           |                                                         |
|                                                                             | County Vehicle or Property _____                                                                               |                                                         |
|                                                                             | Estimated Cost _____                                                                                           |                                                         |
| <b>7</b><br>PERSONS<br>INJURED<br><br><br><br><br><br><br>PERSONS<br>KILLED | 1 Name _____ Address _____ Phone _____                                                                         |                                                         |
|                                                                             | Age _____ Sex _____ Taken to _____ by _____                                                                    |                                                         |
|                                                                             | None _____ Minor _____ Major _____ Fatal _____ Injured was _____ Occupant in Veh. (Rt. Front, left rear) _____ |                                                         |
|                                                                             | 2 Name _____ Address _____ Phone _____                                                                         |                                                         |
|                                                                             | Age _____ Sex _____ Taken to _____ by _____                                                                    |                                                         |
|                                                                             | None _____ Minor _____ Major _____ Fatal _____ Injured was _____ Occupant in Veh. (Rt. Front, left rear) _____ |                                                         |
|                                                                             | 3 Name _____ Address _____ Phone _____                                                                         |                                                         |
|                                                                             | Age _____ Sex _____ Taken to _____ by _____                                                                    |                                                         |
| <b>8</b><br>WITNESSES                                                       | 1 Name _____ Address _____ Where was witness (In veh. #1 - 60 ft. away) _____                                  |                                                         |
|                                                                             | 2 Name _____ Address _____ Where was witness (In veh. #1 - 60 ft. away) _____                                  |                                                         |
|                                                                             | 3 Name _____ Address _____ Where was witness (In veh. #1 - 60 ft. away) _____                                  |                                                         |

|                                           |                |
|-------------------------------------------|----------------|
| ROAD<br>WEATHER<br>AND LIGHT<br>CONDITION | Describe Fully |
|                                           |                |
|                                           |                |
|                                           |                |
|                                           |                |
|                                           |                |

|                                           | COUNTY VEHICLE | OTHER VEHICLE |
|-------------------------------------------|----------------|---------------|
| Direction of travel (N.S.E.W.)?           |                |               |
| Speed before accident (M.P.H.)?           |                |               |
| Speed at point of accident (M.P.H.)?      |                |               |
| How far from hazard when first noticed?   |                |               |
| What was done to prevent accident?        |                |               |
| What signals were given?                  |                |               |
| Any violations of the motor vehicle laws? |                |               |

|                                                  |
|--------------------------------------------------|
| <b>DRIVER'S DETAILED DESCRIPTION OF ACCIDENT</b> |
|                                                  |
|                                                  |
|                                                  |
|                                                  |
|                                                  |
|                                                  |
|                                                  |

Signed \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
 If necessary, continue description on a separate sheet of paper and attach. Each copy of this report must be completes with all attachments.

Information below to be filled in by the Department Head of the driver involved

LIST OF BASIC CAUSES - Select the Specific act which was the most important cause of the accident.

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                 |                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1) Excessive speed for:<br>a) Condition of road (surface, slope, curves, width, etc.)<br>b) Condition of traffic (pedestrians, cars, trucks, etc.)<br>c) Entering intersection<br>d) Visibility (limited due to night, fog, smoke, rain, etc.)                                                            | 4) Improper Overtaking and Passing (both vehicles in motion same direction):<br>a) Wrong side<br>b) Cutting in after passing<br>c) Pass started with oncoming vehicle too close | 8) Inattention:<br>a) Eyes off road while driving, etc.<br>b) Prior to movement from standing or parked position, driver failed to observe positions of vehicles or fixed objects. |
| 2) Driving on the wrong side of the road:<br>a) In wrong lane<br>b) Cutting curves                                                                                                                                                                                                                        | 5) Improper turning:<br>a) From wrong lane<br>b) Cutting corners<br>c) Not signals given<br>d) Emergency turn (dodging)                                                         | 9) Incorrect judgment of clearance<br><br>10 ) Mechanical failure                                                                                                                  |
| 3) Did not have right of way:<br>a) Entering intersections (no stop signs, signals or other controls)<br>b) Entering from private road or driveway<br>c) Leaving parking space<br>d) Violated stop sign or signals<br>e) Making turn<br>f) Changing traffic lanes<br>g) Violating pedestrian right of way | 6) Following too closely:<br><br>7) Improper parking:<br>a) Double or other improper place<br>b) Breaks not set with vehicles in gear<br>c) No chock block used when necessary  | 11) Improper operation of controls<br><br>12) Other causes:<br>a) Asleep<br>b) Reckless<br>c) Intoxicated, or had been drinking<br>d) Improper loading<br>e) Other cause, state    |

1) This accident has been discussed with the County Driver and he has been informed that Basic Cause No. \_\_\_\_\_ was selected and assigned to the driver of the (County) (other) vehicle because in my opinion \_\_\_\_\_

\_\_\_\_\_

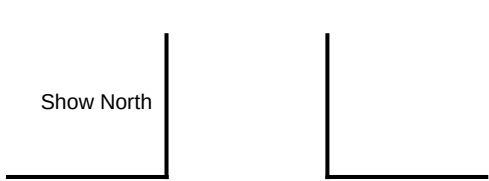
\_\_\_\_\_

2) I believe the accident might have been prevented by \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Titled \_\_\_\_\_

|                                                                                                  |                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Show North<br> | <b>DIAGRAM OF ACCIDENT</b><br>If accident cannot be illustrated on diagram at left, prepare a suitable sketch<br>In space below, or on a separate sheet of paper and attach to this report. |
|                                                                                                  |                                                                                                           |

Show position before and after accident, directions, length and number of skid marks; rollovers; other cars or pedestrians near location at time of collision; width of street; stop signs; hedges; fences; poles; type of traffic control (signals, lanes, stop signs, officers); etc.