

UTA 5310 Program Accident/Incident Report Form

(Complete ALL fields)

Driver's name:				Home Phone #:	
Driver's home address:				Alternate Phone #:	
City:	State/ Zip:	Vehicle #	Plate #	# of passengers:	
Accident Date:	Time of accident:	Accident location/city/Zip			
Date reported:	Time reported:				
Any Witnesses? Yes No	Witness statements? Yes No	Witness info:		Witness info:	
Was vehicle towed? Yes No	Describe Damage:				

POLICE INVESTIGATION

Police Investigation: Yes No	Police Dep't:	Case #:	Citation: Yes No
Officer's name:		To whom was citation issued:	

OTHER VEHICLE INFORMATION

Vehicle #2				Vehicle #3			
Driver Information Name:		Work Phone: Home Phone:		Driver Information Name:		Work Phone: Home Phone:	
Address:				Address:			
City:	State:	Zip:	City:	State:	Zip:	City:	State:
DL #:		State:	DL #:		State:	DL #:	
Insurer:		Policy #:	Insurer:		Policy #:	Insurer:	
Vehicle Information		Plate #:	State:	Vehicle Information		Plate #:	State:
Year:	Make:	Model:	Color:	Year:	Make:	Model:	Color:
Owner Information Name:			Phone:	Owner Information Name:			Phone:
Address:				Address:			
City:	State:	Zip:	City:	State:	Zip:	City:	State:
Was vehicle towed: Yes No Describe Damage:				Was vehicle towed: Yes No Describe Damage:			

INJURY INFORMATION

Injured #1				Injured #2			
Name:			Phone:	Name:			Phone:
Address:				Address:			
City:	State:	Zip:	City:	State:	Zip:	City:	State:
CHECK ONE (indicate vehicle #)				CHECK ONE (indicate vehicle #)			
<input type="checkbox"/> Driver (Veh #)	<input type="checkbox"/> Passenger (Veh #)	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Driver (Veh #)	<input type="checkbox"/> Passenger (Veh #)	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Driver (Veh #)	<input type="checkbox"/> Passenger (Veh #)
Describe injury:				Describe injury:			
Transported by ambulance: Yes No		Where:		Transported by ambulance: Yes No		Where:	

PROPERTY DAMAGE INFORMATION - (other than vehicles)

Owner's Name:		Phone:	Describe the property and damage:				
Address:							
City:	State:	Zip:					

DESCRIPTION OF ACCIDENT/INCIDENT

Weather Conditions:	clear	cloudy	raining (light heavy)	snowing (light heavy)	fog (light heavy)				
Road Surface Conditions:	dry	wet	muddy	snowy	icy	oily	other:		
Light Conditions:	daylight	dawn or dusk	darkness (street lights)		darkness (no street lights)				
UTA vehicle was :	stopped	stopping	starting	changing lanes	moving to curb	moving from curb	turning left	turning right	going
Vehicle #2 was:	stopped	stopping	starting	changing lanes	moving to curb	moving from curb	turning left	turning right	going
Vehicle #3 was:	stopped	stopping	starting	changing lanes	moving to curb	moving from curb	turning left	turning right	going
Traffic Controls:	traffic signal	stop sign	yield sign	police officer	none	other:			

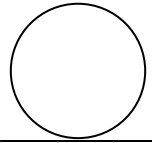
What happened:

(Attach a separate sheet if more room is needed)

ACCIDENT DIAGRAM

Vehicle	CVL Vehicle	#2	#3
Travel Speed			
Posted Speed			

Indicate North with an arrow in the circle.



Upon completion of this form please contact
Coordinated Mobility Grant Administrator 801-237-1994 and email a copy to
hmahoney@rideuta.com

Driver Signature:

Date:

Reported to UTA 5310 Program Administrator:

Time:

Date: