



Vehicle Accident/Incident Report Form

This incident categorized as
 Accident Damage

Salt Lake City Fire Department

Police Case Number

Employee and Vehicle Information

Driver's Name (Last, First, MI)		Department		Supervisor	
Division	Section	Driver License Number	Employee's Usual Occupation	Occupation at Time of Accident	
Employee Work Number	Job Title	Hire Date	Time in occupation at time of accident		
Name of Owner (if not City owned)		Owner Address	Owner Phone Number	<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 6 months to 5 years <input type="checkbox"/> 1 to 5 months <input type="checkbox"/> More than 5 years	

City Vehicle Damage

Date of Accident	Time of Accident Hour: <input type="text"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/>	Accident Location	Hours on Shift									
Employee Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Seatbelt <input type="checkbox"/> Used <input type="checkbox"/> Not Available <input type="checkbox"/> Not Applicable <input type="checkbox"/> Available But Not Used	1	2	3	4	5	6	7	8	9	10
Citation Issued? <input type="checkbox"/> Yes, to City Driver <input type="checkbox"/> Yes, to Other Driver <input type="checkbox"/> No Citation Issued												
Type of City Vehicle	Vehicle Description (Year, Make, Model)	City Vehicle Number	License Plate Number	Damage Cost Estimate \$								

Vehicle Damage Description

Other Vehicle (Attach additional form(s) if multiple vehicles were involved)

Driver's Name		Driver's Phone Number		Driver's Address	
Owner's Name		Owner's Phone Number		Owner's Address	
Driver License Number	License Plate Number	State	Insurance Company	Policy Number	
Vehicle Description (Year, Make, Model)			Insurance Agency Phone Number		
Description of Damage					

Driving Conditions What Drivers Were Doing

ROAD CONDITIONS	ROAD SURFACE	TRAFFIC	VEHICLE CONDITION	What Drivers Were Doing																																																												
Dry Wet Ice/Snow Muddy Other	Concrete Asphalt Gravel Dirt Other	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle No. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> Normal Brakes Steering Headlights Taillights Tires Other	1	2	3																												Vehicle No. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> Right Turn Left Turn U-Turn Moving Forward Slowing/Stopping Passing	1	2	3																											
			1	2	3																																																											
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1	2	3																																																														

Witnesses (Names, Addresses, and Telephone Numbers)

Salt Lake City Police Report Number	Investigating Agency	Report Number
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Diagram of Accident



INSTRUCTIONS:

1. Show and label streets.
2. Show traffic signs.
3. Add a north arrow to circle above.
4. Show City vehicle with this symbol:
5. Show other vehicles with these symbols:
6. Use solid line to indicate direction travel before collision
7. Use dashed line to indicate direction of travel after collision

Description of What Happened

SUBMITTED BY	SIGNATURE	DATE INVESTIGATED	NUMBER OF PHOTOS TAKEN