

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:		Driver Information Name:		Work Phone:	
		Home Phone:				Home Phone:	
Address:				Address:			
City:	State:	Zip:		City:	State:	Zip:	
DL #:		State:		DL #:		State:	
Insurer:		Policy #:		Insurer:		Policy #:	
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:	
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:	
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	
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:	

