TRUST
UTAH LOCAL GOVERNMENTS TRUST

AUTO ACCIDENT REPORT FORM
(submit to supervisor within 1 day of accident)

When an Accident Occurs

Do This First	Do Not Say	Before You Leave The Scene
• Stay Calm • Get to Safety - Stay Safe! • Check for Injuries • Provide First Aid • Call 911 • Report Accident to Supervisor	• "It's all my Fault" • "My Insurance will pay for it" • "I Have Full Coverage"	• Get all the Information you can • Take Pictures from all Angles • Cooperate with Police Officers • If you have a CDL, you may have Additional Requirements. Ask your Supervisor

Accident Details

Date, Time, AM/PM	
Location of Accident	
Weather/Road Conditions	
Accident Details	

Damage Descriptions

Your Vehicle	Other Vehicle
Towing Company Name & Phone	Towing Company Name & Phone

Other Driver / Vehicle Information

Owner's Name	
Owner's Address	
Owner's Phone	
Vehicle Make	
Vehicle Model & Year	
Vehicle Color	
License Plate	
Insurance Company	
Agent Name & Phone	
Other Driver's Name	
Other Driver's Address	

Other Driver's Phone	

Passengers & Injuries

Your Vehicle	Other Vehicle
How Many Passengers?	How Many Passengers?
Describe Injuries (Type, Severity, Transported by Ambulance etc.)	Describe Injuries (Type, Severity, Transported by Ambulance etc.)

Police Information

Officer Name	
Police Department	
Phone	
Badge Number	
Other Info	

Witness Information (ask all witnesses to write down what they saw on the provided pad)

Name		Name	
Address		Address	
Home Phone		Home Phone	
Work Phone		Work Phone	

Your Information

Name	
Department	
Phone	

Your Vehicle

Vehicle Make	
Vehicle Model & Year	
Vehicle License Plate	

Diagram the Accident Scene (using the space below)