| UTA 5310 Program Accident/Incident Report Form<br>(Complete ALL fields)  |                     |  |  |  |  |  |  |  |
|--|---------------------|--|--|--|--|--|--|--|
| Driver's name: Home Phone  | #:                  |  |  |  |  |  |  |  |
| Driver's home address: Alternate Pho   | ne #:               |  |  |  |  |  |  |  |
| City: State/ Zip: Vehicle # Plate #  | # of passengers:    |  |  |  |  |  |  |  |
| Accident Date: Time of accident. Accident location/city/Zip  |                     |  |  |  |  |  |  |  |
| Date reported:   |                     |  |  |  |  |  |  |  |
| Any Witnesses?Witness statements?Witness info:WitnessYesNoYesNo  | Witness info:       |  |  |  |  |  |  |  |
| Was vehicle towed? Describe Damage:<br>Yes No  |                     |  |  |  |  |  |  |  |
| 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  |                     |  |  |  |  |  |  |  |
|  | Vork Phone:         |  |  |  |  |  |  |  |
| Name: Home Phone: Name: H  | lome Phone:         |  |  |  |  |  |  |  |
| Address: Address:  |                     |  |  |  |  |  |  |  |
| City: State: Zip: City: State:   | Zip:                |  |  |  |  |  |  |  |
| DL #: DL #:  | State:              |  |  |  |  |  |  |  |
| Insurer: Policy #: Insurer:  | Policy #:           |  |  |  |  |  |  |  |
| Vehicle Information       Plate #:       State:       Vehicle Information       Plate #:   | : State:            |  |  |  |  |  |  |  |
| Year:   Make:   Model:   Color:   Year:   Make:   Model:   | Color:              |  |  |  |  |  |  |  |
| Owner Information       Phone:       Owner Information         Name:       Name:   | Phone:              |  |  |  |  |  |  |  |
| Address: Address:  |                     |  |  |  |  |  |  |  |
| City: State: Zip: City: State  | e: Zip:             |  |  |  |  |  |  |  |
| Was vehicle towed: Yes       No       Describe Damage:       Was vehicle towed: Yes       No       Des   | cribe Damage:       |  |  |  |  |  |  |  |
| INJURY INFORMATION   |                     |  |  |  |  |  |  |  |
| Injured #1 Injured #2  |                     |  |  |  |  |  |  |  |
| Name: Phone: Name:   | Name: Phone:        |  |  |  |  |  |  |  |
| Address: Address:  | Address:            |  |  |  |  |  |  |  |
|  | State: Zip:         |  |  |  |  |  |  |  |
| CHECK ONE (indicate vehicle #) CHECK ONE (indicate vehicle #)  |                     |  |  |  |  |  |  |  |
| Driver (Veh # )     Passenger (Veh # )     Pedestrian     Driver (Veh # )     Passenger (       Describe injury:     Describe injury:     Describe injury: | (Veh # ) Pedestrian |  |  |  |  |  |  |  |
| Transported by ambulance:   Where:   Transported by ambulance:   Whe     Yes   No   Yes   No   | ere:                |  |  |  |  |  |  |  |
| PROPERTY DAMAGE INFORMATION - (other than vehicles)  |                     |  |  |  |  |  |  |  |
| Owner's Name: Phone: Describe the property and damage  | e:                  |  |  |  |  |  |  |  |
| Address:   |                     |  |  |  |  |  |  |  |
| City: State: Zip:  |                     |  |  |  |  |  |  |  |

| Road Surface Cor  | Weather Conditions: |          | cloud            | dy        | raining ( light                 |            | heavy)           | snow                     | ing ( light  | heavy )      | fog         | g ( light  | heavy |
|---|---------------------|----------|------------------|-----------|---------------------------------|------------|------------------|--------------------------|--------------|--------------|-------------|--|-------|
|   |                     | dry      | wet              |           | muddy                           |            | owy              | icy                      |              | oily         |             | other:   |       |
| Light Conditions:<br>UTA vehicle was :  |                     | daylight | dawr<br>starting | n or dusk |                                 |            |                  | reet lights)<br>moving f | rom ourb     |              | s (no stree |  |       |
| straight  |                     | stopping | starting         |           | ng lanes                        |            | g to curb        |                          |              | turning left | turning     | ngni   | going |
| straight  | stopped             | stopping | starting         | -         | ng lanes                        |            | g to curb        | -                        | rom curb     | turning left | turning     | -  | going |
| straight  | stopped             | stopping | starting         |           |                                 | -          | moving from curb |                          | turning left | turning      | right       | going  |       |
| Traffic Controls:   | traffic s           | signal   | stop             | sign      | yield s                         | sign       | police o         | officer                  | none         | other:       |             |  |       |
| Vhat happened:  |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          | N            |              |             |  |       |
|   |                     |          |                  | (Attach   | a separat                       | e sneet ii | more roo         | m is neede               | ea)          |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
| <b>CCIDENT D</b>  | <b>DIAGRA</b>       | М        |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   | CVI                 | n I      |                  |           |                                 |            |                  |                          |              | Indicat      | te North    |  |       |
| Vehicle   | Vehicle #2 #3       |          |                  |           | Indicate North<br>with an arrow |            |                  |                          |              |              |             |  |       |
| Travel Speed  |                     |          |                  |           |                                 |            |                  |                          |              | in the       |             | (  |       |
| Posted Speed  |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             | Image: Section 1       Image: Section 1< |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
| Image: Sector |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  |                          |              |              |             |  |       |
| Upon cor  | npletio             | on of    | this fo          | rm pl     | ease                            | cont       | act              |                          |              |              |             |  |       |
|   |                     |          |                  |           |                                 |            |                  | 237-19                   | )94 an       | d            |             |  |       |
| Coordina  | ted M               | obility  | Grant            | t Adn     | ninist                          | rator      |                  | 237-19                   | )94 an       | d            |             |  |       |
|   | ted M               | obility  | Grant            | t Adn     | ninist                          | rator      |                  | 237-19                   | )94 an       | d            |             |  |       |
| Coordina<br>email a c   | nted M<br>opy to    | obility  | Grant            | t Adn     | ninist                          | rator      |                  | 237-19                   | )94 an       | d            |             |  |       |
| Coordina  | nted M<br>opy to    | obility  | Grant            | t Adn     | ninist                          | rator      |                  | 237-19                   | )94 an       | d            | Date:       |  |       |