

Utah Risk Management Agency 502 East 770 North, Orem, Utah 84097

Phone: 801-225-6692

Email: auto@utahrisk.org Website: www.utahrisk.org

VEHICLE 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
 Get to Safety – STAY SAFE! Check for Injuries Provide First Aid Call 911 Report Accident to Supervisor and URMA 	 "It's 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 law enforcement 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 Number	Towing Company Name & Phone Number

Other Driver/Vehicle Information:

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



Utah Risk Management Agency 502 East 770 North, Orem, Utah 84097

Phone: 801-225-6692

Email: auto@utahrisk.org Website: www.utahrisk.org

Passer	CORC	0	بينما	rioc.
Passer	18612	α	HHU	Hes.

Your Vehicle	Other Vehicle	
Names of passengers:	Names of passengers:	
Describe Injuries (Type, Severity, Transported by Ambulance etc.)	Describe Injuries (Type, Severity, Transported by Ambulance etc.)	
Police Information:		
Officer Name		
Police Department		
Phone Number		
Report Number		
Other Info		

Witness Information:

Name	Name	
Address	Address	
Phone	Phone	
Email	Email	

Your Information: Your Vehicle:

Name	Vehicle Make	
Dept/Division	Vehicle Model & Year	
Phone	Vehicle License Plate	
Email		

Diagram the Accident Scene (use the space below)		