Utah School District and Charter School Automobile/Bus Accident Report

District/Charter name: _____

Date of Accident: _____

Location of Accident: _____

                Street   City

Were Police called? (Y / N) _____ If so, which PD? _____ Case #: _____

Was anyone injured? (Y / N) _____ If so, who? _____

School Vehicle and Driver Information:

    Year: _____   Make/Model: _____   Plate #: _____

    Unit #: _____   VIN: _____

Driver's Name: _____   Phone #: _____

Address of school or transportation office:

_____

              Street   City   Zip

Description of damage to vehicle: _____

Driver completed the State Risk defensive driver course in the last 2 years prior to the accident. (Y / N) ____

Driver's License #? _____**Driver's License valid at time of accident?** (Y / N) _____

Other Driver and Vehicle Information:

    Year: _____   Make/Model: _____   Plate #: _____

Driver's Name: _____   Phone #: _____

Address: _____

              Street   City   Zip

Insurance Company: _____ Policy #: _____

Description of damage to vehicle: _____

Were any citations issued? (Y/N) If **so, what were the citations for and to whom?**
_____
_____

Driver's Statement: *Be Specific; who, what where when why, how?*

_____
_____
_____
_____
_____
_____
_____
_____

Diagrams:

- Identify each car and direction by this symbol:
- Show each car's position at the moment of impact when the crash happened.
- Show the direction each vehicle was traveling by a dashed line. - - - - - - - -
- Show any pedestrian's or bicyclists involved by this symbol:
- Show any railroads by using this symbol: +++++++++++
- Please indicate any crosswalks.
- Please indicate any traffic controls such as lights or stop signs, etc.
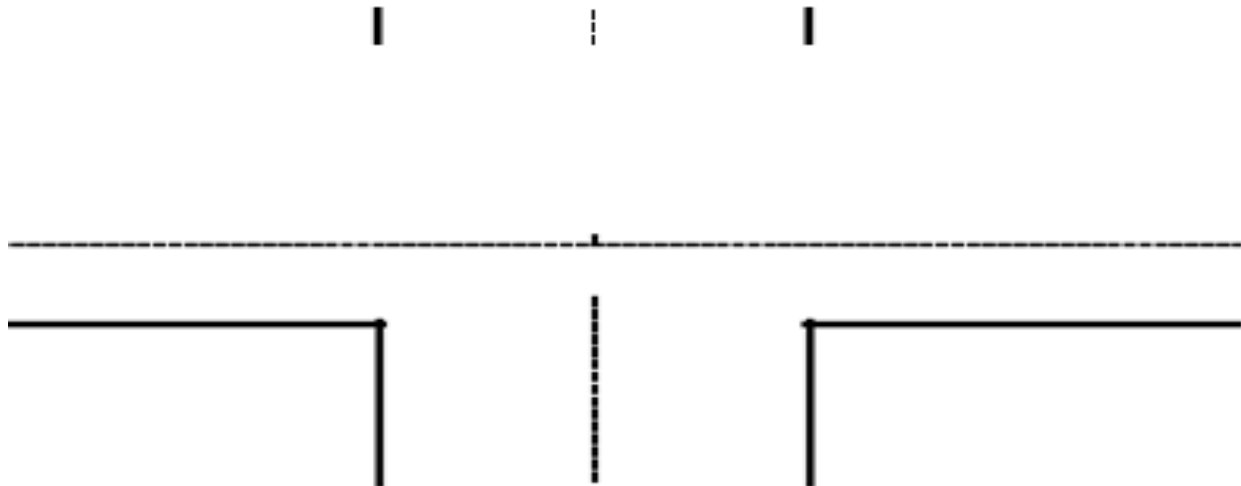
Driver's Signature: _____ **Date:** _____

For Driver's Ed Incidents

      Instructor's Name: _____ Cell Phone #: _____

      School: _____ Work Phone#: _____