

Canyons School District Vehicle Accident Report

Driver Name _____ Department _____ Date _____
 Date of Accident _____ Phone _____ Supervisor Name _____
 Vehicle Number _____ Make _____ Model _____ Year _____
 License Plate Number _____ Vehicle Type - Car Van Truck Bus Driver Ed Car Other _____
 VIN _____ Accident Location _____ School _____

Weather Conditions

Dry Snow Rain
 Ice Fog Wind

Road Surface

Curve Straight Paved Corner
 Freeway Dirt Gravel Intersection
 Cul-De-Sac Near Building or Fence

Vehicle Motion

Forward Backing Right or Left
 Backward Motion Parked
 Turning Left or Right

Personal Injuries Reported: Yes No Police Response: Yes No Agency and Case # _____

Description of Injury _____

Number of Injured _____ Name(s) of Injured _____

Address _____ School _____ Phone _____

Other Vehicle Property Damage:

Owner Name _____ Address _____ Phone _____

Make/Model _____ Year _____ Fence Mail Box Structure Other _____

Draw a simple diagram of the accident indicating direction of travel:

Driver

Statement: _____

Witness Names: 1 _____ Phone _____ 2 _____ Phone _____

X

 Signature of Driver

X

 Signature of Risk Management Coordinator