

OFFICE USE ONLY

Estimate Yes No
Bids Yes No Over \$500.00 Yes No
Pictures Yes No
Expenses charged to: _____
Incident: _____
Biohazard

Canyons School District
DRIVER/EMPLOYEE REPORT

Provide all information
Put NA if not applicable.

Date _____ Department/School Telephone _____

Driver/Employee _____ Department/School Employed _____

District Vehicle # _____ Make _____ Type - Truck Van Car Bus Driver Ed. Car

Year _____ ID # _____ License Plate # _____

Date of Accident _____ Time _____ Accident Location _____
(place) (Address)

Speed at time of accident _____ Odometer at time of accident _____ School Student's Attend _____

Mark appropriate items below-

Condition of Roads

Vehicle Motion

- | | | | | | | |
|-------------------------------|--------------------------------|---------------------------------------|---|--------------------------------------|--|--|
| <input type="checkbox"/> Dry | <input type="checkbox"/> Snow | <input type="checkbox"/> Curve | <input type="checkbox"/> Straight stretch | <input type="checkbox"/> Paved road | <input type="checkbox"/> Forward motion | <input type="checkbox"/> Backing right or left |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Fog | <input type="checkbox"/> Corner | <input type="checkbox"/> Freeway | <input type="checkbox"/> Dirt road | <input type="checkbox"/> Backward motion | <input type="checkbox"/> Parked or still |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Windy | <input type="checkbox"/> Intersection | <input type="checkbox"/> Near fence | <input type="checkbox"/> Gravel road | <input type="checkbox"/> Turning right or left | |
| | | <input type="checkbox"/> Circle | <input type="checkbox"/> Near building or structure | | | |

Personal Injuries-(Mark one) No Yes

Description _____

Number Injured _____ Name(s) _____
(if more than one, list on back of form)

Address _____ School _____ Phone _____

Property Damage to District Vehicle: Accident/Collision/Incident Vandalism **Office Use Only** District Vehicle Damaged: Yes No

Driver/Employee Describe Property Damage - Other vehicle:

Other Vehicle or Property Information
 Driver or Owner _____ Address _____ Phone _____
 Make of Vehicle _____ Year _____ Fence Mail Box Building Other _____

Draw a simple diagram of the accident-



Employee or Driver Statement- Describe what you saw and did prior to the accident/incident, at the time of the accident/collision/incident, and immediately after the accident/collision/incident.

Citation Issued: Yes No Case # _____ Violation Category _____

Eyewitnesses- Names: 1. _____ Phone _____
2. _____ Phone _____

Canyons School District Risk Management - Kevin Ray 801-501-1057

Signature of Employee or Driver Signature of Risk Coordinator

Submit this completed form to Risk Management Representative