



200 E. 9300 S. Sandy, Utah 84070 (801) 826-5252

Vehicle Incident Report

VIN #	Vehicle #	Plate #
Driver/Employee	Phone #	
Date of Incident		
Location/Street	City	Zip Code
Police Report #	Police Department	
Driver's DISTRICT Email Address		
Number of Additional on District Vehicle	Was Anyone Injure	d
Was Driver's License valid at the time of incident		
Have you completed Risk Management Defensive I	Driving Course in 2 Years	
Drug test required YES NO		
Weather Conditions: Snow Rain	Clear	
Road Surface: Dry lcy Snow p	packed Wet	
Estimated Speed in MPH		
Witness Contact Information	_	_
How Many Other Vehicles Were Involved?		
Was the District Vehicle off Road when the Inciden	nt Occurred?	
Was the Operator of District Vehicle Wearing a Sea	atbelt?	
Was the Operator of District Vehicle Cited?		
Was the Operator of District Vehicle using a Mobil	le Phone?	
Was the Operator of District Vehicle injured?		
Areas of Damage to the Bus Front Back	Driver's Side	Passenger Side
No Damage		
Complete diagram & Incident Statement on	the back of this form	
Signature of Driver or Employee		

river Statement:	
vestigator Notes:	

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