

Rideshare Accident/Incident Report Form

(Complete and submit within 24 hours) Form7211 Version: 3 2/29/24

Driver's name:				Home Phone #	
Driver's home address:				Alternate Phone #	
City:	State/ Zip:	UTA Vehicle #	UTA plate #	# of passengers:	
Accident Date:	Time of accident:	Accident location/city/Zip			
Date reported:	Time reported:				
Incident cards submitted? Yes No	Any witnesses? Yes No	Witness info:		Witness info:	
Was vehicle towed? Yes No	Describe Damage:				

POLICE INVESTIGATION

Police Investigation: Yes No	Police Dept.:	Case #:	Citation: Yes No
Officer's name:		To whom was citation issued:	

OTHER VEHICLE INFORMATION

Vehicle #2				Vehicle #3			
Driver Information Name:		Work Phone: Home Phone:		Driver Information Name:		Work Phone: Home Phone:	
Address:				Address:			
City:	State:	Zip:	City:	State:	Zip:		
DL #:		State:	DL #:		State:		
Insurer:		Policy #:	Insurer:		Policy #:		
Vehicle Information		Plate #:	State:	Vehicle Information		Plate #:	State:
Year:	Make:	Model:	Color:	Year:	Make:	Model:	Color:
Owner Information Name:			Phone:	Owner Information Name:			Phone:
Address:				Address:			
City:	State:	Zip:	City:	State:	Zip:		
Was vehicle towed? Yes No Describe Damage:				Was vehicle towed? Yes No Describe Damage:			

INJURY INFORMATION

Injured #1				Injured #2			
Name:		Phone:		Name:		Phone:	
Address:				Address:			
City:	State:	Zip:	City:	State:	Zip:		
CHECK ONE (Indicate Vehicle #)				CHECK ONE (Indicate Vehicle #)			
Driver - Veh #	Passenger - Veh #	Pedestrian		Driver - Veh #	Passenger - Veh #	Pedestrian	
Describe injury:				Describe injury:			
Transported by ambulance: Yes No		Where:		Transported by ambulance: Yes No		Where:	

PROPERTY DAMAGE INFORMATION - (other than vehicles)

Owner's Name:		Phone:	Describe the property and damage:	
Address:				
City:	State:	Zip:		

DESCRIPTION OF ACCIDENT/INCIDENT

Weather Conditions:

Clear Cloudy Raining (light) Raining (heavy) Snowing (light) Snowing (heavy) Fog (light) Fog (heavy)

Road Surface Conditions:

Dry Wet Muddy Snowy Icy Oily Other: _____

Light Conditions:

Daylight Dawn Dusk Darkness (street lights) Darkness (no street lights)

UTA Vehicle was:

Stopped Stopping Starting Changing lanes Moving to curb Moving from curb Turning left Turning right
 Going Straight

Vehicle #1 was:

Stopped Stopping Starting Changing lanes Moving to curb Moving from curb Turning left Turning right
 Going Straight

Vehicle #2 was:

Stopped Stopping Starting Changing lanes Moving to curb Moving from curb Turning left Turning right
 Going straight

Vehicle #3 was:

Stopped Stopping Starting Changing lanes Moving to curb Moving from curb Turning left Turning right
 Going straight

Traffic Controls:

Traffic signal Stop sign Yield sign Police Officer None Other: _____

What happened? Be specific:

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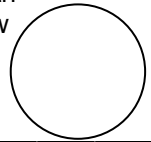
(Attach a separate sheet if more room is needed)

ACCIDENT DIAGRAM

To draw, select  Comment from the menu bar on the right. Then select the  Draw **Free Form** tool in the menu above.

Vehicle	UTA Vehicle	#2	#3
Travel Speed			
Posted Speed			

Indicate North with an arrow in the circle.



Dotted grid area for drawing the accident diagram.

Upon completion, email this form to utarideshare@rideuta.com. If you have any questions call 801-512-5665.

Driver Signature:

Date:

Reported to UTA Rideshare:

Time:

Date: