



Utah Risk Management Mutual Association

502 East 770 North, Orem, Utah 84097
Phone 801.225.6692 | Fax 801.225.6879
Website www.urmma.org

VEHICLE ACCIDENT REPORT FORM

(Submit to supervisor within 1 day of accident)

When an Accident Occurs:

Do this First	Do Not Say	Before You Leave the Scene
<ul style="list-style-type: none"> Stay Calm Get to Safety – STAY SAFE! Check for Injuries Provide First Aid Call 911 Report Accident to Supervisor 	<ul style="list-style-type: none"> "It's all my Fault" "My Insurance will pay for it" "I have full coverage" 	<ul style="list-style-type: none"> Get all the information you can Take Pictures from all angles Cooperate with Police Officers If you have a CDL, you may have additional requirements. Ask your supervisor

Accident Details:

Date		Time		AM/PM
Location of Accident				
Weather/Road Conditions				
Accident Details				

Damage Descriptions:

Your Vehicle	Other Vehicle
Towing Company Name & Phone Number	Towing Company Name & Phone Number

Other Driver/Vehicle Information:

Owner's Name	
Owner's Address	
Owner's Phone	
Vehicle Make	
Vehicle Model & Year	
Vehicle Color	
License Plate	
Insurance Company	Policy Number
Agent Name	Agent's Phone
Other Driver's Name	
Other Driver's Address	
Other Driver's Phone	

(continue on back)



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Passengers & Injuries:

Your Vehicle	Other Vehicle
How Many Passengers?	How Many Passengers?
Describe Injuries (Type, Severity, Transported by Ambulance etc.)	Describe Injuries (Type, Severity, Transported by Ambulance etc.)

Police Information:

Officer Name	
Police Department	
Phone Number	
Badge Number	
Other Info	

Witness Information:

Name		Name	
Address		Address	
Home Phone		Home Phone	
Other Phone		Other Phone	

Your Information:

Name	
Department	
Phone	
Email	

Your Vehicle:

Vehicle Make	
Vehicle Model & Year	
Vehicle License Plate	

Diagram the Accident Scene (use the space below)