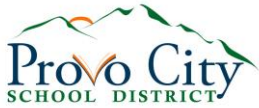


**Provo City School District**  
**Policy Series 6000 Finances and Operations**



**6650 F3**

**Vehicle Incident Report**

*Please send this report to Laura Zweifel in the district business office @ [lauraz@provo.edu](mailto:lauraz@provo.edu). Include digital pictures of damages, police report (if any), and any witness statements.*

Driver's Name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_  
Vehicle License No. \_\_\_\_\_ Capacity: \_\_\_\_\_ Wheelchair Equipped: Yes  No   
No. of passengers in the vehicle at the time of the collision (excluding driver): \_\_\_\_\_  
Date and time of Collision: \_\_\_\_\_ Location of Collision: \_\_\_\_\_  
Person filling out report (please print): \_\_\_\_\_  
**Supervisor's Signature:** \_\_\_\_\_

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**INJURIES? YES  NO**  (If no, proceed to next section)

Number injured: \_\_\_\_\_ Description of injuries: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

(Attach additional page if needed)

**DID THE COLLISION RESULT IN**

Fatality \_\_\_\_\_ Non-incapacitating injury (moderate) \_\_\_\_\_ Non-incapacitating injury (serious) \_\_\_\_\_

Possible Injury (minor) \_\_\_\_\_ Property Damage of \$1,500 or more \_\_\_\_\_

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**PROPERTY DAMAGE TO OTHER VEHICLE / PROPERTY? YES  NO**  (If no, proceed to next section)

Description of damage to other vehicle / property: \_\_\_\_\_

Driver / Owner of Property: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Year/Make/Model: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**VEHICLE PHYSICALLY INVOLVED**

**Please describe the nature of the accident (include what was hit and the manner of collision):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Citation Issued? YES  NO  If yes, To Whom: \_\_\_\_\_

Case No. \_\_\_\_\_ Violation Category: \_\_\_\_\_ Police Dept: \_\_\_\_\_