

**Traffic Accident or Vehicle Damage Report**

FLEET ADMINISTRATION  
50 E NORTH TEMPLE ST  
SALT LAKE CITY UT 84150-0025  
Phone: 1-801-240-1585

**Instructions**

1. Print your answers clearly on both pages of this report.
2. Make one legible photocopy of the completed report for your records.
3. Send the original report to your vehicle coordinator or supervisor within two days.
4. At the vehicle coordinator's direction, send one legible photocopy to the Church insurance adjuster.

Mission, temple, or department to which vehicle is assigned		Mission, temple, or department phone (with area code)		Date of this report	
Address (street and number)		City	State or province	Postal code	Location code (unit number)
Location where incident occurred		City	Date of incident (month, day, year)		Time occurred
Full name of driver, or assigned driver			Driver's age	Seat belts fastened Driver <input type="checkbox"/> Yes <input type="checkbox"/> No    All passengers <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's license number and state or province		Driver's phone with area code		Name of co-driver	
Destination			Reason for traveling there		

**Church Vehicle** The vehicle labeled 1 in "Accident Diagram" on page 2.

Complete serial number from registration	Year	Make	Model and series	License number	State or province	Odometer reading
Describe damage to Church vehicle						
Cost in whole dollars U.S. \$		Cost is <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		Insurance company		
Address where vehicle may be seen						

**Other Vehicle** The vehicle labeled 2 in "Accident Diagram" on page 2. If any other vehicles were involved, identify them and provide their information on another sheet.

Year	Make	Model and series	License number	State or province	Name of driver	Phone with area code
Driver's license number and state or province		Address (street and number)		City	State or province	Postal code
Describe damage to vehicle						
Cost in whole dollars U.S. \$		Cost is <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		Insurance company		

**Damage to Property Other Than Vehicles**

Describe damage to property						
Cost in whole dollars U.S. \$		Cost is <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		Insurance company		

**People Involved** Give names and addresses.

Passengers in Church vehicle						
Passengers in other vehicle(s)						
Witnesses						

**Injuries**

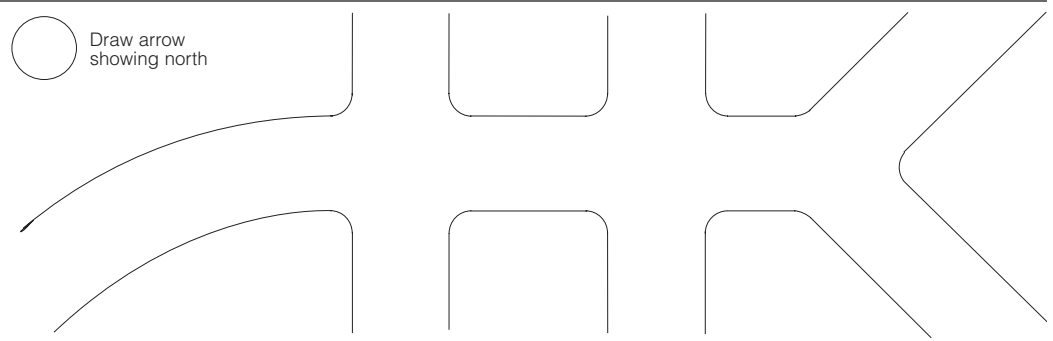
Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Church vehicle		Other vehicle		Any others (such as pedestrians or bicyclists)	Give names(s) of person(s) and description of injuries (if pedestrian, bicyclist, or so forth, include address and telephone number)
Extent of injury	Driver	Passenger(s)	Driver	Passenger(s)		
Death						
Major injury						
Serious injury						
Minor injury						
Complaint only						

**Accident Investigation**

Hit and run accident <input type="checkbox"/> Yes <input type="checkbox"/> No	Police were notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Investigated by police <input type="checkbox"/> Yes <input type="checkbox"/> No	Required to file evidence of insured responsibility <input type="checkbox"/> Yes <input type="checkbox"/> No	Phoned mission home, temple, or department <input type="checkbox"/> Yes <input type="checkbox"/> No    Date:		
Citation issued to <input type="checkbox"/> Church driver <input type="checkbox"/> Other driver		Type of violation charged to Church driver		Type of violation charged to other driver		

**Accident Diagram**

1. Show direction of travel with arrow →  1  2 ←
2. Use solid line to show path of travel before accident →  1
3. Use dashes to show path of travel after accident ..... →  1
4. Designate vehicles as follows:  
 Church vehicle  1  
 Other vehicles  2  3
5. Circle vehicles in stopped position  1
6. Enter names of streets
7. Show signs  
 Signal  Stop  Yield  RR Crossing



**Preconditions** Check only one in each category.

Road surface  
 Asphalt  Concrete  Asphalt and concrete  Brick  Cobblestone  Gravel  Dirt  Sand  Dirt and sand road only, oiled

Road condition  
 Dry  Wet  Sleet  Loose snow  Packed snow  Icy  Spilled oil  Other (describe):

Weather  
 Clear  Cloudy  Fog  Rain  Sleet  Hail  Snow  Other (describe):

Lighting  
 Daylight  Sunset, dusk  Night, street lights  Night, no street lights  Sunrise, dawn  Other (describe):

Vehicle movement (indicate 1—Church vehicle, 2—second vehicle, 3—other vehicle)  
 1  2  3  Straight ahead  1  2  3  Curved roadway  1  2  3  Changing lanes  1  2  3  Overtaking, passing  1  2  3  Backing  
 1  2  3  Turning right  1  2  3  Turning left  1  2  3  Stopped in traffic  1  2  3  Parked  1  2  3  Other:

**Accident Setting** Check only one in each category.

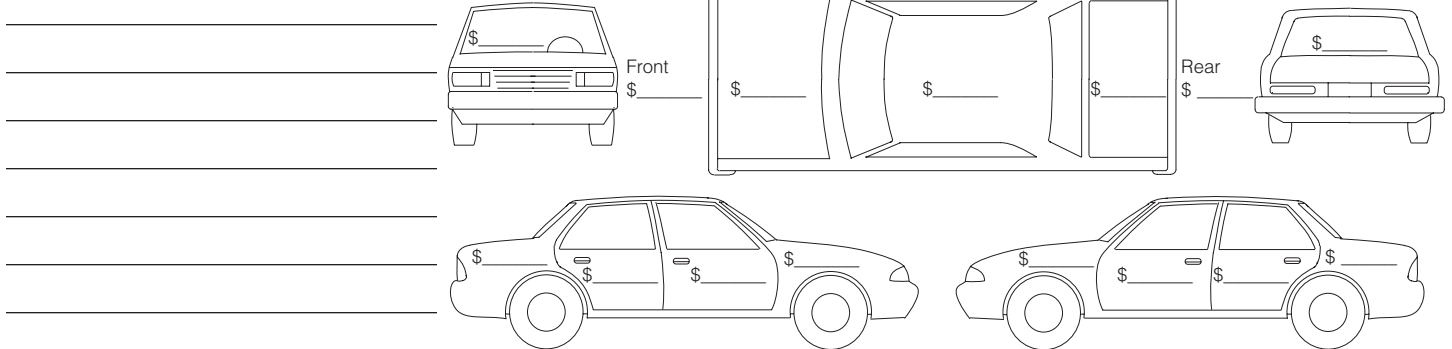
Area <input type="checkbox"/> Business <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Mountainous	Pedestrian action <input type="checkbox"/> Standing <input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Other:
Speed of Church vehicle before MPH KMPH Speed of other vehicle MPH KMPH	Day of the week <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

**Type of Incident** Check only one category to describe the involvement of the Church vehicle.

- |  |  |   |  |   |   |
|--|--|---|--|---|---|
| <input type="checkbox"/> Backing                     | <input type="checkbox"/> Fire                    | <input type="checkbox"/> Hit by car behind    | <input type="checkbox"/> Passing other vehicle | <input type="checkbox"/> Tire or road damage                  | <input type="checkbox"/> Unsafe lane change         |
| <input type="checkbox"/> Being passed                | <input type="checkbox"/> Glass breaking only     | <input type="checkbox"/> Hit car ahead        | <input type="checkbox"/> Ran off roadway       | <input type="checkbox"/> Turn across traffic by other vehicle | <input type="checkbox"/> Unsafe turn across traffic |
| <input type="checkbox"/> Broadside at intersection   | <input type="checkbox"/> Head-on or near head-on | <input type="checkbox"/> Hit pedestrian       | <input type="checkbox"/> Skidded               | <input type="checkbox"/> Turn from wrong lane                 | <input type="checkbox"/> Unsafe turn with traffic   |
| <input type="checkbox"/> Broadside at other location | <input type="checkbox"/> Hit animal              | <input type="checkbox"/> Opened door unsafely | <input type="checkbox"/> Storm damage          | <input type="checkbox"/> U-turn, illegal or unsafe            | <input type="checkbox"/> Vandalism                  |
|  | <input type="checkbox"/> Hit bicycle             | <input type="checkbox"/> Parked or stopped    | <input type="checkbox"/> Theft from vehicle    | <input type="checkbox"/> Other:                               |   |

**Damage to Church Vehicle** Write an X to indicate the area of damage.

Describe damage



**Church Driver's Statement** Give a description of the collision.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church driver's signature

Co-driver's signature

**Follow-Up by Mission President, Temple President, or Department Head**

Church driver could have prevented the incident from occurring \_\_\_\_\_ Signature of mission president, temple president, or department head

- Yes  No

