

USBA Risk Management Services
for Utah State Risk Management Fund

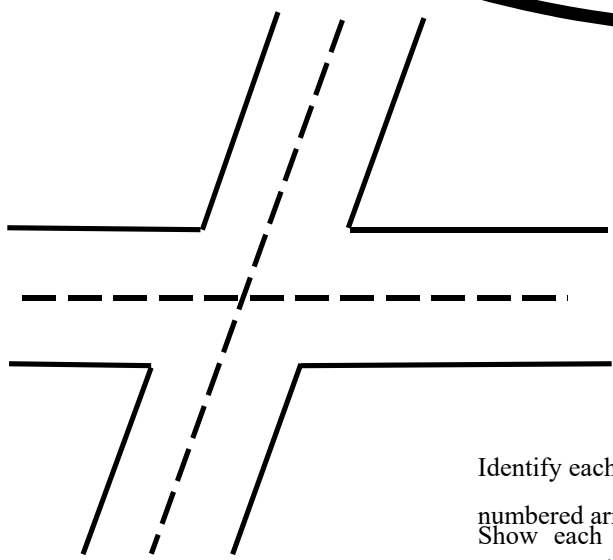
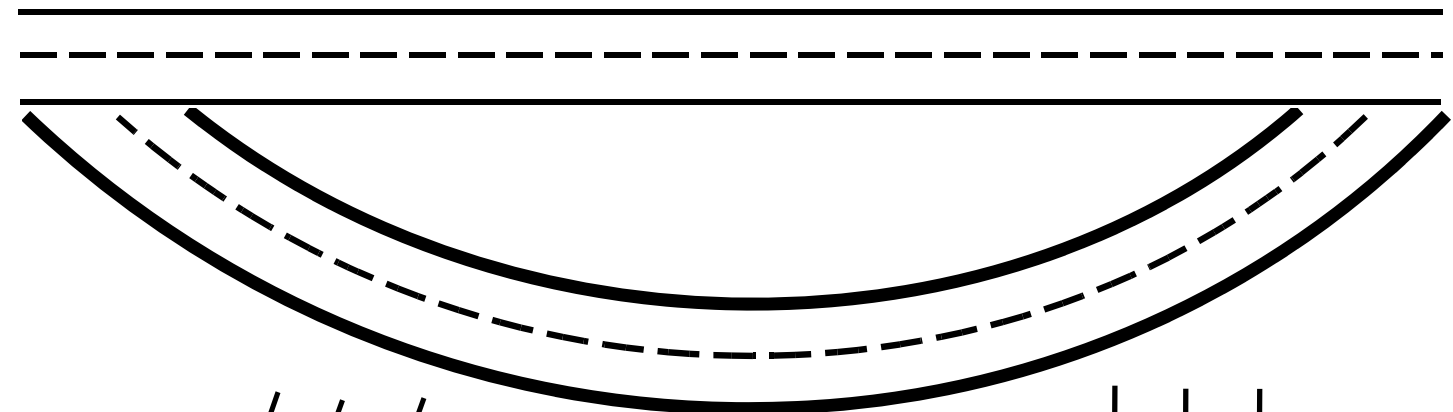
Automobile Accident Report

MAIL TO: 860 EAST 9085 SOUTH, SANDY, UTAH 84094

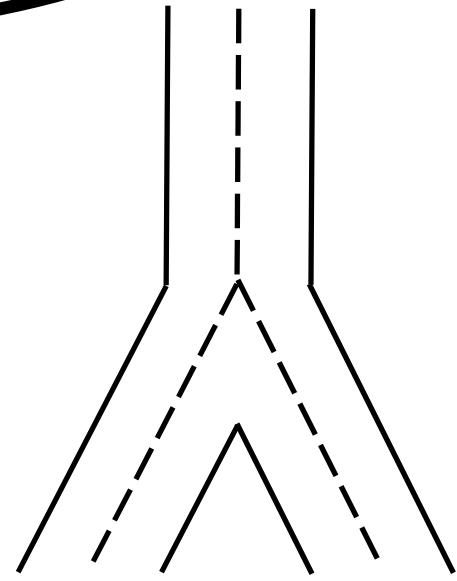
INSURED	School District: Emery County School District		Phone: (435) 381-2611
	Address: P.O. Box 1177, Castle Dale, UT 84513		
DRIVER INFORMATION	Name:		
	Address:		
	Home Phone:		Work Phone:
SCHOOL DISTRICT VEHICLE DESCRIPTION	Year	Make	Model
	Vehicle I.D. Number		
	Damage		
OTHER VEHICLE	Driver's Name		Work Phone
			Home Phone
	Address		
	Year	Make	Model
	Owner of Vehicle		
	Address		
ACCIDENT DESCRIPTION	Damage		
	Describe the accident and complete diagram on Reverse Side Date of Loss:		
	Location:		
INJURED PERSON	Full Name		Home Phone
	Address		Work Phone
	Nature and Extent of Injuries		
	Name of Doctor or Hospital		
WITNESSES	Name 1	Address	Phone
	Name 2	Address	Phone





Name and Department of Investigating Officer _____

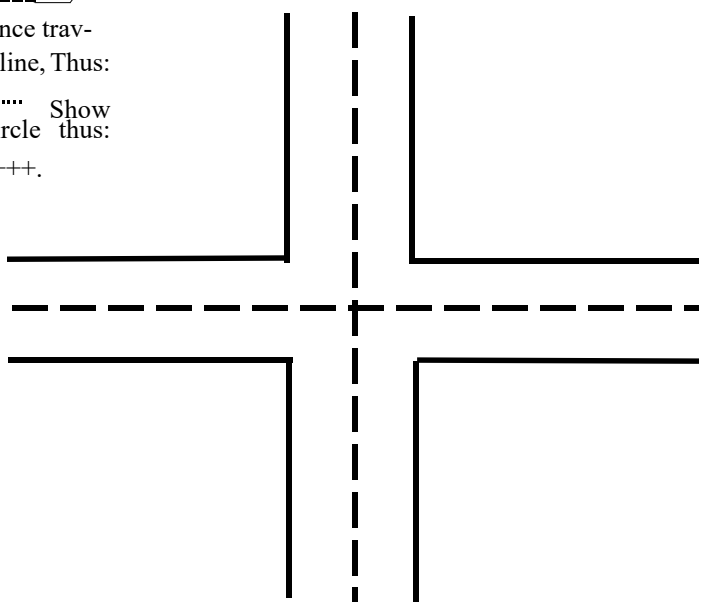
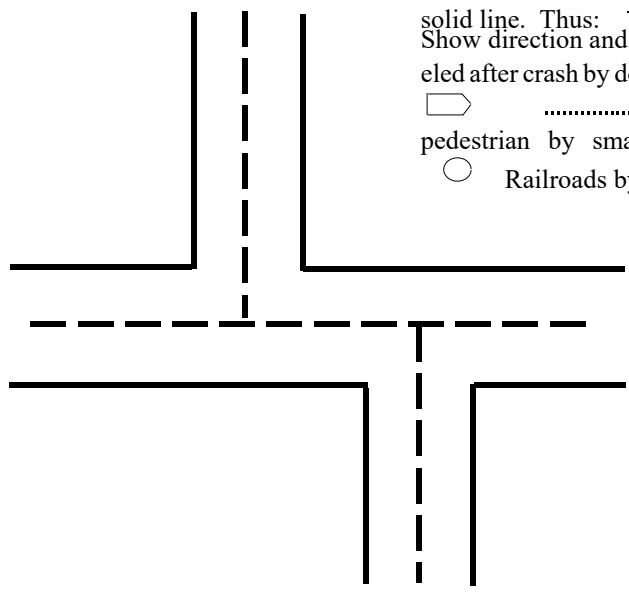
Driver Signature _____ Date _____



INDICATE
NORTH IN
ABOVE CIRCLE



Identify each car and direction by
numbered arrow, thus: 
Show each car's position at the
moment when crash happened.
Show directions and distance each
car traveled before the crash by
solid line. Thus: 
Show direction and distance trav-
eled after crash by dotted line, Thus:
 Show
pedestrian by small circle thus:
 Railroads by +++++.



CONSTRUCTION AND CONDITION OF ROAD; WEATHER

- | | | | | | | | |
|----------|--------------------------|-----|--------------------------|----------|--------------------------|---------|--------------------------|
| CONCRETE | <input type="checkbox"/> | DRY | <input type="checkbox"/> | SMOOTH | <input type="checkbox"/> | CLEAR | <input type="checkbox"/> |
| GRAVEL | <input type="checkbox"/> | WET | <input type="checkbox"/> | ROUGH | <input type="checkbox"/> | RAINING | <input type="checkbox"/> |
| OILED | <input type="checkbox"/> | ICY | <input type="checkbox"/> | UPHILL | <input type="checkbox"/> | MISTY | <input type="checkbox"/> |
| DIRT | <input type="checkbox"/> | | | DOWNHILL | <input type="checkbox"/> | FOG | <input type="checkbox"/> |
| ASPHALT | <input type="checkbox"/> | | | LEVEL | <input type="checkbox"/> | SNOW | <input type="checkbox"/> |