



UFA Incident/Collision Report Form

Name:

Date:
mm/dd/yy

Time of Occurance:
HH:MM

Division:

Battalion:

Platoon:

Supervisor:

Phone:

UFA Case #:

Law Enforcement Case #:

Address of Incident:

Type of Incident:

Fleet Number:

Description of Incident (To be filled out by UFA Driver):

Surface Conditions: Dry Wet Mud Snowy Icy Oily Other

Lighting Conditions: Daylight Darkness Dawn Dusk Other

Vehicle Maneuver (Intent) Vehicles (Check which one was doing what)

| UFA | Other Vehicle |
|--------------------------|-------------------|
| <input type="checkbox"/> | Going Straight |
| <input type="checkbox"/> | Making Left Turn |
| <input type="checkbox"/> | Making Right Turn |
| <input type="checkbox"/> | Making U turn |

| UFA | Other Vehicle |
|--------------------------|----------------------|
| <input type="checkbox"/> | Backing Up |
| <input type="checkbox"/> | Overtaking (Passing) |
| <input type="checkbox"/> | Changing Lanes |
| <input type="checkbox"/> | Slow or Stop |

| UFA | Other Vehicle |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Remain Parked |
| <input type="checkbox"/> | Start in Traffic Lane |
| <input type="checkbox"/> | Start from Parked Position |
| <input type="checkbox"/> | Remain Stopped in Traffic Lane |

Weather: Clear Rain Snow Fog Other

Speed of UFA Vehicle

Response Mode: (if responding on a call)

No Lights or Siren

Lights and Siren

Siren Only

Lights Only

Type of Loss (UFA Vehicle):

Personal Injury

Property Damage

Vehicle Damage

Type of Loss (Other Vehicle):

Personal Injury

Property Damage

Vehicle Damage

UFA Vehicle & Vehicle Driver Information

Name: _____ C Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
License Number: _____ State: _____ Expires: _____ DOB: _____
Year: _____ Make: _____ Model: _____ Unit #: _____ VIN: _____

Vehicle #2 (Other Vehicle) Information (Driver's License) and/or Injured Party Information

Name: _____ W Phone: _____ C Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
License Number: **Vehicle** _____ State: _____ Year: _____ DOB: _____

Owner

Year: _____ Make: _____ Model: _____ Unit #: _____ VIN: _____
Color: _____ Owner Name: _____ License #: _____

Witness Information (1)

Name: _____
Address: _____
Phone: _____

Witness Information (2)

Name: _____
Address: _____
Phone: _____

Supervisor Comments:

Any Additional Comments:

Employee Signature

Date

Supervisor Signature

Date

Email completed form to your Battalion Chief and the Safety Officer

Attach required photographs (required), diagrams (required), and addenda (optional) in the same email



UFA Incident/Collision Report Form Addendum or Diagram