



# 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