

**DRIVER EDUCATION
COLLISION/INCIDENT REPORT FORM**

Within two weeks following **any** collision or incident involving a driver education vehicle, regardless of the extent of the damage, complete and email or mail this form to: audra.urie@schools.utah.gov or USBE, Driver Education, P.O. Box 144200 Salt Lake City, Utah 84114-4200.

School District Name _____ High School Name _____

Date of collision/incident _____ 20 _____ Time: _____ A.M. _____ P.M.

Instructor: _____

Location: _____

Describe injuries: _____

Vehicle Driver: _____ Student _____ Instructor _____

If Student: Permit Number _____ Number of BTW Hours _____ Citation Issued _____

Student observers in vehicle:

1. _____ 2. _____

DRIVER EDUCATION VEHICLE _____
year make license number

Describe damage: _____

Estimated damage: \$ _____ Amount covered by insurance: \$ _____

OTHER VEHICLE/PEDESTRIANS INVOLVED:

Driver and/or pedestrian(s): _____

Vehicle (s): _____
year make license number

Describe damage: _____

LAW ENFORCEMENT REPORT

Was the incident reported to law enforcement? Yes _____ No _____

If Yes, include a copy of the *Utah Vehicle Collision Report*.

INSTRUCTOR'S ACCOUNT Diagram incident on the reverse side of this form.

Driver Education Instructor: _____ Date _____

Principal or Superintendent: _____ Date _____



