THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Traffic Accident Report and Exchange Form—United States

Instruct	ions														
1. Fill ou	ut this rep	ort as completely a	nd acc	curately	as possi	ible.		4. Use t	he information in th	nis report	to co	mplete an inci	dent report online		
2. Use this report to obtain information from the other parties involved i the incident and for an information exchange at the scene.								accident.							
3. Give the canary yellow copy to the other party involved. If the other vehicle is unattended, place the copy under the windshield wiper.								 Either scan and upload this report and any other incident-related documents (such as the police report, photos of the accident scene and vehicle damage, or repair estimates) to the online incident report, or give or mail them to your supervisor, vehicle coordinator, or area fleet coordinator 							
Incident	t Informa	tion													
Location	of inciden	(intersection or stre	eet ado	dress, city	y, state c	or province,	and count	country) Date of incident (mm/dd/yyyy) T				Time of inciden	ime of incident		
Dolico no	tified		levi	octigator	d burneline Deline den			artment or agency			a.m. p.m. Police case number				
Police notified Investigate ☐ Yes ☐ No ☐ Yes ☐								partment or agency			rolice case fluitibel				
Church '		nsurance information				ent insurance	e card sto	red in the v	ehicle's glove compa	rtment.			1		
	hurch Vehicle Insurance information is found on the current insurance card stored in the vehicle's glove compartment. Complete vehicle identification number (VIN) The Church of Jesus Christ of Latter-day Saints														
Year		Make				Model				License	plate	number	State or province		
Department or mission vehicle is assigned to D					artment mailing address, city, state or				nce, postal code, and	country	Department phone (with area code)				
Driver's f	ull name				Driver license num			er	State or province	Sex		er's home phon	e (with area code)		
Driver's r	mailing add	lress, city, state or pr	rovince	e, postal	code, an	d country			Date of birth (mm/c	/dd/yyyy) Driv		iver's cell phone (with area code)			
Insurance	e company	(from insurance car	d)				Insuran	ce policy nu	 ımber (from insurand	nber (from insurance card) Ins		nsurance claims phone (with area code)			
		re Ins Co (for clain ling damage	ns, Se			damage to vehicle						801-258-9700			
☐ Yes		iirig damage		Descrip	otion or c	iamage to vi	eriicie								
		nvolved Attach ac	ddition	al pages	if neede	ed.									
		n insurance card or v							Complete VIN						
Year Make						Model			License		plate number		State or province		
Owner's	mailing ad	dress, city, state or p	rovinc	e, postal	code, ar	nd country					Owr	ner's phone (with	n area code)		
Driver's full name ☐ Same as owner ☐						Driver license number			State or province Sex		Driver's home phone (with area cod		e (with area code)		
Driver's mailing address, city, state or province, postal code, and cou						nd country	Same	as owner	Date of birth (mm/c	ate of birth (mm/dd/yyyy) Drive		r's cell phone (with area code)			
Insurance company (from insurance card)							Insurance policy number (from insur			nce card) Insurance claims phone (with are			one (with area code)		
Towed du		ling damage		Descrip	tion of c	damage to ve	ehicle				!				
		rty Other Than Ve	hicles	Attach	additio	nal pages if	needed.								
Property owner Mailing address, city, state or prov							ovince, po	ostal code, a	and country						
Phone (with area code) Description of property and dam							mage incu	rred							
Other P	eople Inv	olved Attach addit	ional p	ages if n	eeded. 7	Type = Chur	ch vehicle	passengers	s (CV), other vehicle p	oassenger	s (OV), pedestrians (P	ed), witnesses (Wit)		
Type Full name				Mailing address, city,				, state or province, postal code, and cou				Phone (with	n area code)		
_															



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Inciden	t Informa	tion											
Location	of inciden	t (intersection or stree	addres	ss, city, state o	e or province, and country)			` '''''			me of incident		
											□ a.m. □ p.m.		
Police notified Investigated by poli ☐ Yes ☐ No ☐ Yes ☐ No					ce	artment or agency		Po	lice case num	ber			
							to all a c					-	
Church Vehicle of		insurance information	is round	u on the curre	nt insurance card stored in the vehicle's glove compartment.								
verlicie c	wilei	The Church of Jesu	st of Latter-c	lay Saints Complete vehicle identification number (VIN)									
Year		Make		Model				License plate number State or prov					
Department or mission vehicle is assigned to Department m					nailing address, city, state or province, postal code, and					Department phone (with area code)			
Driver's full name					Driver license number			State or province	Sex	Driver's home phone (with area code)			
Driver's r	mailing add	dress, city, state or pro	ostal code, ar	nd country			Date of birth (mm/d	Date of birth (mm/dd/yyyy) Dr			Priver's cell phone (with area code)		
		/ (from insurance card) ire Ins Co (for claims		wick CMS)	Insurance policy number (from			umber (from insurand				nce claims phone (with area code) 58-9700	
		oling damage		escription of a	damage to ve	ehicle				001 23	01 230 3700		
☐ Yes					_								
Other V	ehicle(s) l	nvolved Attach add	tional p	pages if neede	ed.								
Vehicle o	wner (fron	n insurance card or vel	gistration cert	ificate)			Complete VIN						
Year Make					Model			License		plate number State or province			
Owner's mailing address, city, state or province, postal code, and co						d country				Owner's phone (with area code)			
Driver's f	full name	☐ Same as owner		Driver license number			State or province	Sex Driver		's home phone (with area code)			
Driver's r	mailing add	dress, city, state or pro	ostal code, ar	d country Same as owner			Date of birth (mm/dd/yyyy)		Driver's cell phone (with area code)				
Insuranc	e company	/ (from insurance card)		Insurance policy number (from insurance ca					d) Insurance claims phone (with area code)				
Towed due to disabling damage Description of					f damage to vehicle								
☐ Yes	□No												
		rty Other Than Vehi			· -								
Property owner Mailing address, cit					ss, city, state or province, postal code, and country								
Phone (with area code) Description of prop					f property and damage incurred								
Other P	eople Inv	olved Attach additio	nal page	es if needed.	Гуре = Chur	ch vehicle pas	senger	s (CV), other vehicle p	oassenger	s (OV), p	edestrians (Pe	ed), witnesses (Wit)	
				ng address, city, state or province, postal code, and cour						Phone (with	area code)		