City of Phoenix - Section 5310 Accident/Incident Report

URGENT: All reportable incidents/accidents must be reported within 72-hours from time of occurrence. This report form should be completed and then emailed to City of Phoenix Public Transit Department, Section 5310 Program Coordinator at Section 5310@phoenix.gov.

AGENCY NAME:		
SECTION 5310 VEHICLE INVOLVED: Year:	Make:	Model:
N:Mileage:		
ACCIDENT/INCIDENT INFO:		
Date of Accident:	Time:	
Accident Location/Address:		
Agency Staff Involved (Name/Title):		
Police Involvement? Yes □ No □ Police Report	Number:	(Attach copy)
Type of Accident/Incident: Collision (Fatality) ☐ Casualty ☐ Other (explain): ☐		
Vehicle taken out of service? Yes □ No □ If y returns to service. Vehicles out of service for 30 d completed and emailed to Section5310@phoenix Estimated Date of Return to Service:	ays or greater must h .gov PRIOR to returni	nave a return to service inspectior ing the vehicle to service.
Accidents: 1) An individual dies; or 2) an individual medical treatment away from the scene of the accincluding non-FTA funded vehicles) incurs disabli vehicle(s) are transported/towed away from the sincidents: A casualty is the loss of property, include sudden event. Vehicles that are damaged and reprondition, compared to the condition prior to the	cident; or 3) an occur ing damage as the res scene; or 4) if the veh ding damage and des pairable must be repa	rence in which any vehicle sult of the occurrence and such icle is removed from operation. truction, that occurs because of a
Accident/Incident Description:		
Vehicle Damage Estimate (if known in 72 hours): If totaled, subrecipient must notify City of Phoenix disposal guidelines.	x, provide insurance i	_ Vehicle Totaled? Yes □ No □ information, and follow vehicle
Agency Staff submitting Report (Name/Title):		
Name/Title Responsible Agency Rep: (CEO, Exec I	Dir, Program Director):
Responsible Agency Rep Signature:		Date: