

## Sample Accident Report

Date of Accident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Time of Accident: \_\_\_\_\_ Time Reported: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Reporter Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Phone Number(s): \_\_\_\_\_

Accident Description (Reporter): \_\_\_\_\_

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Accident Description (Witness, if available): \_\_\_\_\_

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Police/Emergency Crews in Attendance (if applicable): \_\_\_\_\_

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Property Damage (including name and contact information of owner, description and amount): \_\_\_\_\_

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Injury (including name of person, contact information, and injury description):

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Signature of Reporter: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_