



**ACCIDENT REPORT
PROPERTY DAMAGE**

SECTION I (to be completed by employee)

Employee: _____ Department: _____

Position: _____ Number of years in this position: _____

Was regular job being performed: ☐ Yes ☐ No

Was safety equipment being used: ☐ Yes ☐ No

Is safety equipment provided: ☐ Yes ☐ No

Exact location of accident (be precise): _____

Date of Accident: _____ Time: _____

Work being performed (be specific): _____

Describe what happened: (contributing conditions, equipment, circumstances, or personal actions - how and why did accident occur): _____

Was there damage to City equipment or City property? ☐ Yes ☐ No

Equipment or vehicle # _____ Describe damage: _____

Was there damage to another party's property or vehicle? ☐ Yes ☐ No

Please describe: _____

What could be done to prevent recurrence? (training, mechanical change, procedure change, etc)

Date

Employee's Signature

Note to Employee: If you were injured, complete Personal Injury Report also.

(over)

SECTION II (to be completed by Supervisor)

Comments, additions, or points of disagreement with above: _____

I have reviewed the report and have taken action to correct the situation as follows:

Date corrective action to be completed by: _____

Supervisor's Signature

Date

SECTION III (to be completed by witness)

Name: _____

Department: _____

Additional comments regarding the above accident: _____

Witness Signature

Date

Distribution:

City Clerk (original)

Public Works Director (copy)

Employee's Department Head (copy)

Human Resources (copy)