

PROPERTY DAMAGE REPORT FORM

Company Location:	_____	Photos Taken:	_____	YES / NO
Phone Number:	_____	Witness / Mgmt Statements:	_____	_____
Contact Person:	_____	Police Notified:	_____	_____
		Police Report:	_____	_____

Complete all Numbered Areas

1 Name of Person or Company Causing Damage _____ 2 _____ 3 Age _____
4 Address, City, State, Zip Code _____
5 Drivers License # _____ State _____
6 Date & Time Accident _____ 7 _____ 8 _____
Description of Person (Ht, Wt, Clothing etc.) _____

NATURE OF PROPERTY DAMAGE (Describe in detail)

POLICE INFORMATION

10 Police Department: _____ 11 Officers Name: _____
12 Police Report #: _____

VEHICLE INFORMATION

13 Make: _____ 14 Model: _____
15 Year: _____ 16 Color: _____
17 Tag #: _____ 18 State tag issued in: _____

INSURANCE INFORMATION

19 Insurance Carrier / Agent: _____
20 Insurance Company Phone #: _____
21 Policy Number: _____
22 _____ 23 _____
Witness Name _____ Witness Phone # _____
_____ 24 Statement of Responsible Party: _____

25 Statement of Employee: _____

26 Date & Time of this Report: _____
27 _____ 28 _____
Employee Signature _____ Safety Committee Coordinator _____

IMPORTANT: TAKE IMMEDIATE STEPS TO PREVENT FURTHER DAMAGE.
Take Photos of The Accident Scene, Attach Police Reports,
Statements from Witnesses, Employees and Responsible Party.

Fax this Form Immediately To: David Pellegrino -Accounting / Risk Mgmt. 727-572-9075