



Galveston County Safety Manual

ATTACHMENT 4

VEHICLE/PROPERTY ACCIDENT REPORT

THIRD PARTY INVOLVED

For accidents involving possible injuries when non-employees are involved:

Name: _____

Mailing Address:

Evening Phone: _____

Daytime Phone: _____

For County Employees only:

Sex: ___ Date of Birth: _____

Marital Status: _____ No. of Dependent Children _____

Spouse's name _____

Position: _____

Department: _____

Was employee doing his regular job? ___ Yes ___ No

If no, explain _____

Date of Injury: _____ Time of Injury: _____ a.m. p.m.

Date Reported Injury: _____

Treating Doctor's Name: _____

Address: _____

Phone # _____

Address or Location Where Injury Occurred:



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Description of accident:

Describe Injuries:

If a motor vehicle accident attach a copy of the police accident report. If no report was taken fill out the following information:

Your vehicle (make/model/year): _____

Odometer Reading _____ License No. _____

Unit # _____

Insured by: Company _____ (If applicable)

Policy Number _____ (If applicable)

Other vehicle (make/model/year): _____

Odometer Reading _____ License No. _____

Insured by: Company _____ Policy Number _____

Witnesses (name, address, phone number):

(if applicable)

Employee's Signature	Date	Supervisor's Signature	Date
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Indicate on this diagram what happened.

Use one of these outlines to sketch the scene of your accident, writing in street and/or highway names and numbers.

Indicate north by an arrow.

