



Incident/Accident Report Form

Today's Date: \_\_\_\_\_

Accident\_\_ Incident\_\_ Other\_\_(please describe)

Date of accident/incident: \_\_\_\_\_

Time: \_\_\_\_\_ AM\_\_ PM\_\_

Weather conditions: \_\_\_\_\_

Name of person reporting: \_\_\_\_\_

Phone number \_\_\_\_\_

Name(s) of people involved: _____	Phone Number _____
_____	Phone Number _____
_____	Phone Number _____

Name of witness(es) _____	Phone Number _____
_____	Phone Number _____
_____	Phone Number _____

Location of accident/incident: _____
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Description of accident/incident (attach paper if necessary)

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Send all reports to the Director of Facilities and Safety located in the Central Office 255 NE 6<sup>th</sup> Ave Estacada OR 97023