

Washington County Accident Report



Accident	Broken Glass	Vandalism	Lost/Stolen
Department: Date:		Date of Incident:	
		Date of Birth:	Sex:
		Years	Employed:
		VIN:	
Exact Location of the Incider	nt:		
"Road Work" Signs in Place?	Yes No N/A I	f no Explain:	
What happened? (Describe	contributing events, condition	ns, circumstances or personal act	ions) How and why
the incident occurred			
Environmental Factors (Incl	ude an conditions, procedures	s, tools, equipment or materials	which contributed to
the accident)			
		ent or procedures, improper act	ions that
contributed to the incident)			
Was property broken into?	Yes No	Left Unlocked	l? Yes No
Was there bodily injury? If so	o what was the nature of the	injury:	
Owner of 2 nd Vehicle:		License #:	
Address:		Phone:	
Year Make Model		Tag #:	
Insurance of 2 nd Vehicle:		Policy #:	
Any Damage to all vehicles in	nvolved:		
Employee Signature		Supervisor Signature	
Shop Supervisor Signature		Department Head or Elected Official	