City of Vergas

Accident / Incident Report
To be completed by staff within 12 hours of accident / incident

☐ Accident (An accident is an event resulting in damage or injury.)

☐ Incident (An incident is an event that did not cause damage or injury, but the event was a close call or caused disruption of normal operations and/or potential for injury or damage.)

Date of Event: _____   Time of Event: _____

Names of all Employees involved:_____

_____

_____

Details of Event: _____

_____

_____

_____

_____

_____

City Vehicle (s) involved: _____

Damage to Vehicle (s): _____

Damage to items other than vehicle: _____

_____

Witnesses: _____

Employee Signature: _____   Date: _____

Important Notes and Instructions on prevention:

_____

_____

_____

_____

_____

Clerk's Signature: _____   Date Received:_____

Form approved by Vergas City Council (date)