

**SUPPORT SERVICES**

**CODE: EBBB-E (2)**  
**POLICY**

**PROPERTY DAMAGE ACCIDENT REPORT FORM**

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ a.m. – p.m.

Where Accident Occurred \_\_\_\_\_

Accident Reported by \_\_\_\_\_

Nature of Accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses to Accident \_\_\_\_\_

\_\_\_\_\_

Describe any action taken as a result of the accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Called: Yes No

Fire Department Called: Yes No

Superintendent Called: Yes No

Other Called \_\_\_\_\_

Signature of Person Reporting Accident \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Use back of this sheet for additional information.

**NEW POLICY**

**ADOPTION DATE: FEBRUARY 14, 1996**

**REVIEW DATE: OCTOBER 10, 2012**