

TOWN OF CLAYTON, NY
ACCIDENT / INCIDENT REPORT

Please Check One:	
<input type="checkbox"/>	Vehicle Accident/Damage Report
<input type="checkbox"/>	Property Damage/Loss Report
<input type="checkbox"/>	Citizen Incident Report

REPORT ALL VEHICLE & EQUIPMENT INCIDENTS, TOWN PROPERTY AND CITIZEN INCIDENTS ON THIS FORM

SECTION 1: ACCIDENT/INCIDENT INFORMATION			
<small>*Required for all reports*</small>			
Reporting Date:		Date of Incident:	
Location of Incident:			
City:	State:	Zip:	
Type of Loss (<i>Auto (owned or rented), Property, Injury-Fire, Wind, Etc.</i>):			
Describe What Happened:			
Employee Involved in Incident:			
Others Involved in Incident: Name:		Address:	Phone:
Contact Person for Additional Information:			
Witness/Passenger Name(s) and Contact Information:			
Name:		Address:	Phone:
Name:		Address:	Phone:
Was a Police Report Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Report #: Where Filed:			
<i>ATTACH COPY OF POLICE REPORT AND ANY TICKETS ISSUED, IF APPLICABLE</i>			
SECTION 2: ACCIDENT/INCIDENT DETAILS			
<small>*A for loss or damage to Town vehicles or equipment and/or B for loss or damage to vehicles/equipment owned by others*</small>			
A. For Auto/Motorized Equipment Loss/Damage (<u>Municipal Vehicle Information</u>)			
Plate:	VIN:	Vehicle #:	
Year:	Make:	Model:	
Driver's Name:		Department:	
Describe Damage:			
Where Can Vehicle Be Seen?			
B. Other Vehicle Information (<u>Non-Municipal Vehicle Accident Information</u>)			
Year:	Plate:	VIN:	
Make:	Model:		
Owner's Name			
Owner's Address:		Phone:	
Driver's Name:			
Driver's Address:		Phone:	
Describe How Accident Occurred:			
Describe Damage:			

Section 3: For Other Municipal Losses (Complete A, B, or C)

A for loss or damage to items other than vehicle or motorized equipment, B for injury related to accident, C for Parks/Rec-related injuries

A. Property Loss/Damage

Owner's Name

Owner's Address:

Phone:

Description of Lost/Damaged Property:

If Town-Owned:

Serial Tag#

Estimated Damage: \$

Repair:

Replace:

B. Injury/Accident

Injured's Name

Injured's Address:

Phone:

Nature & Extent of Injury/Accident:

Exact Location of Injury/Accident:

Cause of Injury/Accident:

Was person given First Aid? Yes No

If Yes, Describe Treatment Administered:

Sent for Medical Treatment? Yes No

If Yes, Where?

C. For Parks & Recreation Use Only:

Age of Participant:

Parent/Guardian Name:

Program Name:

Location:

Program Supervisory Ratio:

No. of Program Participants:

Fill In Where Applicable:

Attended by Doctor:

Name:

Time:

Removed to Hospital:

Name:

Time:

Parent Notified:

Name:

Time:

Parent/Person Who Picked Up Child:

Name:

Time:

PLEASE ATTACH COPY OF SIGNED WAIVER RELEASE FORM, IF APPLICABLE

Reporting Employee's Signature:

Date:

Department Head Signature:

Date:

Return this Report WITHIN 48 HOURS to Your Department Head.