



Georgetown Charter Township

1515 BALDWIN ST, P.O. BOX 769, JENISON, MI 49429
(616) 457-2340, (616) 457-3670 FAX

ACCIDENT REPORT

Page 1 of 2

NATURE OF ACCIDENT:		BODILY INJURY	PROPERTY DAMAGE	OTHER
INJURED PARTY INFORMATION				
NAME		ADDRESS		
CITY/STATE/ZIP			PHONE	
AGE	ROLE IN ACCIDENT (Participant, Spectator, Bystander, Official, Volunteer, Other)			
GEORGETOWN CHARTER TOWNSHIP EMPLOYEE OR CITIZEN				
ACCIDENT INFORMATION				
EXACT LOCATION OF ACCIDENT				
DATE OF ACCIDENT			TIME OF ACCIDENT	
APPROXIMATE ATTENDANCE AT TIME OF ACCIDENT				
NUMBER OF EMPLOYEES ON DUTY AT TIME OF ACCIDENT				
CONDITION OF ACCIDENT LOCATION (<i>Wet, Dry, Free of holes, etc.</i>)				
HOW DID ACCIDENT OCCUR - DESCRIBE FULLY (<i>Use back of report if necessary</i>)				
WHAT DID PERSON(S) INVOLVED SAY ABOUT THE ACCIDENT (<i>Use back of report if necessary</i>)				
BODILY INJURY				
DESCRIPTION OF APPARENT INJURY				
BODY PART		CONDITION (<i>Laceration, Concussion, Etc.</i>)		
FIRST AID GIVEN ON-SITE				
WAS TREATMENT REFUSED				
IF AMBULANCE, TAKEN TO WHAT CARE FACILITY				
PROPERTY DAMAGE				
DESCRIPTION OF APPARENT DAMAGE				
VEHICLE DESCRIPTION				
VEHICLE IDENTIFICATION NUMBER			LICENSE PLATE NUMBER	
FUTURE PRECAUTIONS				
WHAT SHOULD BE DONE TO PREVENT THIS TYPE OF ACCIDENT IN THE FUTURE (<i>Use back of report if necessary</i>)				
HOW WILL THIS ACTION IMPROVE OPERATIONS (<i>Use back of report if necessary</i>)				



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WITNESSES Other than emp

Witness 1

NAME	ADDRESS
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CITY/STATE/ZIP	PHONE
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WITNESS DESCRIPTION OF ACCIDENT *(Use back of report if necessary)*

Witness 2

NAME	ADDRESS
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CITY/STATE/ZIP	PHONE
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WITNESS DESCRIPTION OF ACCIDENT *(Use back of report if necessary)*

Witness 3

NAME	ADDRESS
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CITY/STATE/ZIP	PHONE
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WITNESS DESCRIPTION OF ACCIDENT *(Use back of report if necessary)*

ADDITIONAL COMMENTS

REPORTING PARTY INFORMATION

SUBMITTED BY	DATE
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POSITION

ACCIDENT REPORT DISTRIBUTION

PERSONNEL OFFICER
 FIRE CHIEF
 OTHER: _____