



Auto, Property and General Liability Report

(To be completed by Employee)

	Job Name/Location	Department	Today's Date
	Date/Time of Incident <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date/Time Reported	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
1	Reported by	Reported to	Supervisor's Name
	Police Dept. Notified		Police Report #
	Employee's Name (Last, First, MI) & Employee #		Position
	Employee Involvement: <input type="checkbox"/> Operator <input type="checkbox"/> Driver <input type="checkbox"/> Other (explain)		
Equipment Information/Vehicle Description			
	Type of Equipment	Unit #	VIN, Model, Year, etc. if known:
2	Brief description of damage to equipment or vehicle (give detailed information in comment section if necessary)		
Property Damage (MMU Property other than Equipment or Vehicle)			
3			
Parties Involved other than MMU			
	Name	Telephone #	
4	Address	State	Zip
	Involvement: <input type="checkbox"/> Injured <input type="checkbox"/> Operator <input type="checkbox"/> Driver <input type="checkbox"/> Other (explain)		
	Property Damaged (give detailed information in comment section)		
Witness Information			
5	Name	Telephone #	
	Address	State	Zip
Detailed Incident Description			
	Describe what took place before and during the incident, include type of tools, materials, and/or machinery used, etc., and the activity that resulted in property damage and/or bodily injury (use additional sheet if necessary)		
6			
Created November 2010			
7	Report Completed by: (Sign and Print Name)		Date:
REPORT MUST BE SUBMITTED TO THE SAFETY DEPT WITHIN 24 HOURS - FAX # 660-886-3452			