

**CITY OF SCHERTZ ACCIDENT REPORT**  
(VEHICLES, POWERED EQUIPMENT & PROPERTY)

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

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ACCIDENT INFORMATION: (COMPLETE ENTIRE FORM)

PROPERTY TYPE (CHECK ONE) VEHICLE \_\_\_ POWERED EQUIP. \_\_\_ PROPERTY \_\_\_

<u>CITY</u>	<u>OTHER</u>
A. DESCRIPTION: _____	A. DESCRIPTION: _____
B. VIN/ SERIAL#: _____	B. VIN/ SERIAL#: _____
C. LICENSE#: _____	C. LICENSE#: _____

OTHER PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

IF VEHICLE, OPERATORS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

<u>CITY</u>	<u>OTHER</u>
A. NAME: _____	A. NAME: _____
B. ADDRESS: _____	B. ADDRESS: _____
C. PHONE: _____	C. PHONE: _____

WAS A POLICE REPORT COMPLETED? YES \_\_\_ NO \_\_\_ IF YES, WHAT CITY?  
\_\_\_\_\_

DESCRIBE FULLY HOW ACCIDENT OCCURRED (WRITE LEGIBLY): \_\_\_\_\_  
\_\_\_\_\_

WERE SAFETY DEVICES USED? YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

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\_\_\_\_\_  
DEPARTMENT HEAD  
(Rev 7/2015)

\_\_\_\_\_  
DATE

**RETURN TO RISK MANAGEMENT**

RISK MANAGER \_\_\_\_\_  
EXEC DIRECTOR \_\_\_\_\_  
ASST TO CM \_\_\_\_\_  
CITY MANAGER \_\_\_\_\_