

ECTOR COUNTY INSURANCE DEPTARMENT

Please notify the Insurance department at 498-4011 when an accident occurs. Complete this form and send original or clear copy of this report to the Insurance Department.

Department _____

ACCIDENT, EMERGENCY, VANDALISM, DAMAGE REPORT

Please fill out information as it applies to the particular incident.

Date: _____ Time of Day: _____ Name of Person (S): _____

Address: _____ Telephone: _____

Sex: Male Female Approximate Age: _____ D.O.B. _____

Insurance Carrier _____

Whom Notified: _____

Nature of Incident: Accident Emergency Vandalism Damage

Explanation and Comment: (Give detailed description of incident)

Please check which of the following were contacted for assistance, if any.

CALL TO: POLICE FIRE DEPT. EMERGENCY AMBULANCE OTHER

(PLEASE EXPLAIN OTHER) _____

Was First Aid given: YES NO

Other Solution: _____

Injured Party Refused treatment or aid from EMS. (Check one) YES NO

Signature of Injured Party or Guardian

Staff witness Signature for Refusal of Service

Printed Name

Signature of Staff member handling incident