



ACS Incident Report
for
Damage to or a loss of equipment or
A Motor vehicle Accident

Name of Employee: _____

PARTICULARS OF INCIDENT/ DAMAGE/ LOSS / THEFT/ MOTOR VEHICLE ACCIDENT

Mark appropriate one - (DAMAGE) (LOSS) (THEFT) (INCIDENT Other) (Motor Vehicle ACCIDENT)

Date Report Submitted: _____

Occurred on: Mon Tues Wed Thurs Fri Sat Sun (circle appropriate day)

Time incident occurred _____

Location (where) _____

Date happened _____

Date reported _____ Where/to whom _____

Case Number _____ Officer name: _____

DAMAGED/ LOST/ or STOLEN PROPERTY

Property/material damaged/lost/ stolen

Nature of damage/what was lost/ stolen?

Was item/s insured?

YES	NO
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IF YES, By whom: _____ Have they been notified? YES/ NO

IF A VEHICLE ACCIDENT

Company vehicle/ Private vehicle (circle appropriate)

Make/ Model: _____ Colour: _____

Registration Number: _____

Description

Describe what happened (if required use space on back for diagram - essential for all vehicle accidents)

Analysis

What was/ were the cause/s of the accident?

How bad was the accident?

Very serious Serious Minor (circle appropriate one)

THE INJURED PERSON/S (If applicable)

Name _____

Address _____

Age _____

Phone number _____

Date of accident _____

Injured part of body (e.g., head, back, groin, leg, arm, wrist)

TYPE OF INJURY (mark appropriate injury)

Strain/sprain

Fracture

Laceration/cut

Bruising
 Scratch/abrasion
 Amputation
 Burn scald
 Dislocation
 Foreign body
 Internal
 Chemical reaction
 Other (specify)

Comment/ Remarks

FOR OFFICE USE ONLY

Was employee (tick appropriate block)?

Negligent	Irresponsible	Culpable/to blame	A victim	Without fault
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Prevention

What action has or will be taken to prevent a recurrence?

Reccomendation _____

By whom: _____

By When: _____

INVESTIGATION OF ACCIDENT

Name of person conducting investigation (internal): _____

If Accident investigated by law enforcement (external);

Name of officer: _____ Station/ Dept: _____

Police report/ employee affadvit attached? YES/ NO

Further action advised YES / NO

Recommendation: _____

By Whom: _____ Position: _____
