



VILLAGE OF MOUNT PROSPECT
ACCIDENT REPORT – PUBLIC LIABILITY
IF THE ACCIDENT INVOLVES SERIOUS PERSONAL INJURY, NOTIFY SAFETY DIRECTOR
IMMEDIATELY

A	NAME OF PERSON COMPLETING THIS FORM		DEPARTMENT		POSITION	
B	LOCATION OF ACCIDENT					
	ADDRESS WHERE THE ACCIDENT OCCURRED					
	DATE ACCIDENT OCCURRED		DID ACCIDENT OCCUR ON PREMISES?		IN WHAT PART OF PREMISES?	
C	PERSON INJURED					
	NAME		ADDRESS			
			CITY		STATE	ZIP
	OCCUPATION		AGE		IN WHOSE EMPLOY	
	NATURE AND EXTENT OF INJURY					
	WHERE WAS INJURY TREATED?			ATTENDING DOCTOR		
	DID EMPLOYEE RETURN TO DUTY?			NUMBER OF DEPENDENTS UNDER 18?		
D	PROPERTY DAMAGE					
	NAME OF OWNER				PHONE	
E	FULL DESCRIPTION OF ACCIDENT (USE SECOND SHEET IF NECESSARY)					
F	WITNESSES					
	NAME	ADDRESS	CITY	STATE	ZIP	
	NAME	ADDRESS	CITY	STATE	ZIP	
	NAME	ADDRESS	CITY	STATE	ZIP	
G	IMPORTANT: YOUR COMMENTS AND RECOMMENDATIONS REGARDING DISPOSITION OF THIS LOSS.					
H	IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL POLICE OR FIRE DEPARTMENTS?					
	☐ NO – EXPLAIN _____					
	REPORT NO. – POLICE _____			FIRE _____		
I						
	DATE OF THIS REPORT _____			SIGNATURE AND TITLE _____		

ROUTING: ☐ FINANCE DEPT ☐ SAFETY DIRECTOR ☐ REPORTING DEPT ☐ PERSONNEL FILE