

Virginia HRA - Accident/ Incident Report

Date: _____

Time: _____

Location of Incident (Address & Location Name)

Type of Accident:

Equipment Damage _____ Automobile _____

General Liability (bodily injury or property damage) _____

Employee involved (if any) : _____

Insured vehicle Involved (if any): _____

Name & Address of other party involved:

_____ Phone: _____

Completely describe what happened including any property damage or bodily injury (use the back or a separate sheet, if necessary)

What caused the accident (use reverse side if necessary)

Witnesses to the accident:

Contact Person:

Phone:

Name of person completing this report

Date: _____

Other comments or additional information:
