

# Universal Report Form

HR Date Rec'd Stamp
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**1. CHECK REPORT TYPE:**

- Accident   
  Incident   
  Lost/Damaged Property   
  Hazardous Condition   
  Citizen Claim

**2. DATE OF OCCURRENCE:** \_\_\_\_\_ **3. TIME OF OCCURRENCE:** \_\_\_\_\_  am  pm  
MM/DD/YYYY

**4. ACTUAL LOCATION OF OCCURRENCE:** \_\_\_\_\_

**5. NAME OF EMPLOYEE INVOLVED:** \_\_\_\_\_

**6. EMPLOYEE JOB TITLE:** \_\_\_\_\_

**7. DIVISION:** \_\_\_\_\_

**8. NAMES, TITLES, & DIVISIONS OF OTHER EMPLOYEES INVOLVED IN THE OCCURRENCE:**  N/A

\_\_\_\_\_  
\_\_\_\_\_

**9. NAME, ADDRESS, & TELEPHONE NUMBER OF CITIZEN(S) INVOLVED IN THE OCCURRENCE:**  N/A

\_\_\_\_\_  
\_\_\_\_\_

**10. NAME OF INJURED AND DESCRIPTION OF INJURIES:**  N/A

\_\_\_\_\_  
\_\_\_\_\_

**10a. IF INJURIES WERE INDICATED IN #10, CHECK WHAT LEVEL OF TREATMENT:**

- No Treatment Required   
  First Aid Only   
  Professional Medical Treatment

**11. DESCRIPTION OF PROPERTY INVOLVED:**

- NONE (GO TO #14)   
  VEHICLE (GO TO #11a)   
  OTHER PROPERTY (GO TO #11b)

**11a. VEHICLE DATA:**

**YEAR:** \_\_\_\_\_ **MAKE:** \_\_\_\_\_ **VIN#** \_\_\_\_\_

**MODEL:** \_\_\_\_\_ **CITY PROPERTY TAG #** \_\_\_\_\_

**VEHICLE #** \_\_\_\_\_ **NAME OF DRIVER:** \_\_\_\_\_

**11b. PROPERTY DATA:**

**MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_

**SERIAL #** \_\_\_\_\_ **CITY PROPERTY TAG #** \_\_\_\_\_

**12. DESCRIBE VEHICLE DAMAGE OR LOST/DAMAGED PROPERTY:**  N/A

\_\_\_\_\_

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13. ESTIMATE OF REPAIR OR REPLACEMENT COSTS:\$ \_\_\_\_\_ .00

14. DESCRIBE HOW THE EVENT (ACCIDENT, INCIDENT,...) OCCURRED:

*Be sure to answer Who?; What?; When?; Where?; Why?; and How?*

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15. CASUAL FACTORS:

Events and conditions that contributed to the occurrence. Include those identified through the use of the National Safety Council's "Guide for Identifying Causal Factors and Corrective Actions" located in Section 6 of the City of Cocoa Safety and Loss Control Program Safety Manual.

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16. CORRECTIVE ACTIONS:

Actions that have been or will be taken to prevent reoccurrence. Include those identified through the use of the National Safety Council's "Guide for Identifying Causal Factors and Corrective Actions" located in Section 6 of the City of Cocoa Safety and Loss Control Program Safety Manual.

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Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree. I have reviewed, understand and acknowledge the above statement.

17. EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

18. PREPARED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DIVISION: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DIVISION: \_\_\_\_\_

DATE: \_\_\_\_\_

**PRESS EMAIL BUTTON TO SUBMIT THE COMPLETED FORM TO DEANE MILLS, SAFETY & RISK PROGRAM MANAGER WITHIN 24 HOURS.**

**IF A VEHICLE IS INVOLVED, FAX A COPY TO TONY JONES, FLEET MANAGER @ 7672 WITHIN 24 HOURS.**