

**City of Hammond
NON-EMPLOYEE ACCIDENT REPORT**

Name: _____ **Phone:** _____

Address: _____

Date of Accident: _____ **Time:** _____ **am/pm**

Officials Called to the Scene: **Police** **Fire** **Ambulance** **N/A**

PROPERTY DAMAGE

Describe Damaged Property: _____

Location of Property: _____

BODILY INJURY

What caused injury to happen? _____

Describe Extent of Injury (e.g. sprained right index finger, strained lower back):

Location of Accident: _____

WITNESSES

Name: _____ **Phone #:** _____

Address: _____

Name: _____ **Phone #:** _____

Address: _____

Claimant's Signature: _____ **Date/Time:** _____

