

Northwinds of Wyoming, Inc.
ACCIDENT REPORT

SECTION ONE: General Information

Date of Accident: _____ 200__ Time of Accident: _____ a.m. / p.m.

Location: _____ County: _____ State: _____

DESCRIPTION OF ACCIDENT: _____

PERSONAL INJURIES:... YES ___ NO ___
Number of Persons Injured: 1 2 3 4
Person(s) Injured:
1. _____
2. _____
3. _____
4. _____
Complete SECTION TWO

Witnesses:
Name: _____
Address: _____
City: _____ State: ___ Zip _____
Telephone: _____
Name: _____
Address: _____
City: _____ State: ___ Zip _____
Telephone: _____

VEHICLE DAMAGE YES ___ NO ___
Company Vehicle: YES ___ NO ___
Unit Number: _____
PROPERTY DAMAGE YES ___ NO ___
Complete SECTION THREE

Client Performing Work
For: _____
Client Representative; _____
Notified: ___ YES ___ NO
DATE: _____ TIME: _____

AUTHORITIES NOTIFIED: YES ___ NO ___
____ Sheriff/Police
Name of Officer: _____
Telephone: _____
____ Ambulance
____ Fire Department
____ Hospital

NORTHWINDS OFFICE NOTIFIED: ___ YES ___ NO
Date: _____ Time: _____
Person Contacted: _____

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SECTION TWO
Injured Person(s) Information

Person No. 1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Extent of Injury: _____

Hospital or Clinic: _____

Address: _____

City: _____ State _____ Zip: _____

Physician: _____

Telephone: _____

Injured Person(s) Information

Person No. 3

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Extent of Injury: _____

Hospital or Clinic: _____

Address: _____

City: _____ State _____ Zip: _____

Physician: _____

Telephone: _____

Person No. 2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Extent of Injury: _____

Hospital or Clinic: _____

Address: _____

City: _____ State _____ Zip: _____

Physician: _____

Telephone: _____

Person No. 4

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Extent of Injury: _____

Hospital or Clinic: _____

Address: _____

City: _____ State _____ Zip: _____

Physician: _____

Telephone: _____

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SECTION THREE

Vehicle and/or Property Damage

NORTHWINDS VEHICLE:

Description: _____

Visible Extent of Damages: _____

Year: _____ Make: _____ Model: _____

License Plate Number: _____

VIN Number: _____

**OWNER OF
OTHER VEHICLE/PROPERTY:**

Name: _____

City: _____ State: _____ Zip: _____

Address: _____

Telephone: _____

City: _____ State: _____ Zip: _____

Description of Vehicle and/or Property:

Drivers License No.: _____

Year: _____ Make: _____ Model: _____

State: _____

License No. _____ State: _____

Insurance
Company: _____

Visible Extent of Damages: _____

Policy Number: _____

Address: _____

SUPERVISORS REPORT

Cause of Injury:

How Could Injury have Been Avoided/Prevented: _____

Was Safety Equipment Required' At The Time of the Accident?

YES ____ NO ____

Was Safety Equipment In use at time of the Accident?

YES ____ NO ____

Was Safety Equipment Available at the Site of the Accident?

YES ____ NO ____

List the Required Safety Equipment: _____

Supervisor's Signature: _____ Date: _____ Time: _____