Received in HR _____

Uintah County

ACCIDENT REPORT FORM

Claimant Name _____ Age _____ Gender_____

Phone # _____ Address _____

DATE & TIME of Accident _____Location _____

Name(s) of Witness(es) _____

Describe how the accident occurred _____

_____

_____

_____

_____

Describe property damage and/or injuries, if any _____

_____

_____

_____

Was medical attention sought ☐ Yes ☐ No

Name and phone number of doctor and/or hospital _____

_____

Claimant Signature _____ Date _____