

CITY OF HAMPTON
Report of Property Damage
EDR FORM 2000

NOTE: PLEASE FORWARD REPORT TO
SAFETY AND RISK MANAGEMENT

Employee			
1. Name of employee (Last, First, Middle)		2. Phone number	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Division		5. Date of birth	6. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
7. Job Title	8. Date of Hire	9. SSN (Last 4 digits)	
Accident Information			
10. Type of Accident <input type="checkbox"/> Vehicle <input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss <input type="checkbox"/> Utility Damage			
11. Time of accident	12. Date of accident	13. Location of accident	
14. Time accident reported	15. Person to whom reported	16. Name of other witness/Other property involved	
17. Property (1) Involved (nclude serial or registration number)		18. Extent of damage and estimated cost	
19. Property (2) Involved (nclude serial or registration number)		20. Extent of damage and estimated cost	
Nature and Cause of Accident			
21. Events that lead to mishap			
22. Employee's: (signature)			23. Date
Supervisor's Comment			
24. Supervisor's (name and title)		25. Division	
26. Supervisor's Comment:			
27. Corrective action (Completed by supervisor)			
28. Supervisor's: (signature)			29. Date
Risk Management/Safety Comment			
30. Comments:			
31. Risk Management/Safety: (signature)			32. Date