

**ACCIDENT REPORT
(Other than Motor Vehicle)**

STD. 268 (REV. 8-94)

***This report should be completed
and distributed within 48 hours of
the incident. Attach any photos or
diagrams.*****CONFIDENTIAL--ATTORNEY/CLIENT PRIVILEGED DOCUMENT*****This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed
against the State or its employees. Under no circumstances should information be given to anyone except
authorized state officials.***

INCIDENT DATE	LOCATION (Describe specific location on reverse)	TIME

INJURED PARTY INFORMATION

INJURED PARTY'S NAME (Last, First, M.I.)	BIRTH DATE	DRIVER'S LICENSE NUMBER
INJURED PARTY'S MAILING ADDRESS (Street, City, State, Zip)	HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()
NATURE AND EXTENT OF APPARENT / CLAIMED INJURY (Describe incident in detail on reverse)		

PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM _____	FIRST AID GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM _____
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PROPERTY DAMAGE/LOSS INFORMATION

PROPERTY OWNER'S NAME (Last, First, M.I.)	HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()
PROPERTY OWNER'S MAILING ADDRESS (Street, City, State, Zip)		
NATURE AND EXTENT OF DAMAGE / LOSS (Describe in detail on reverse of this page)		

WITNESS INFORMATION

NAME (Last, First, M.I.)	ADDRESS (Street, City, State, Zip)	TELEPHONE NUMBER
1.	WORK	()
	HOME	()
DRIVER'S LICENSE NUMBER:		()
2.	WORK	()
	HOME	()
DRIVER'S LICENSE NUMBER:		()
3.	WORK	()
	HOME	()
DRIVER'S LICENSE NUMBER:		()
REPORTING AGENCY NAME		

REPORTING EMPLOYEE'S NAME AND TITLE (Print or Type)	TELEPHONE NUMBER ()
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REPORTING EMPLOYEE'S SIGNATURE



REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE (Print or Type)	TELEPHONE NUMBER ()
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ACCIDENT REPORT
(Other than Motor Vehicle)

STD. 268 (REV. 8-94) (REVERSE)

USE ADDITIONAL SHEETS AS NECESSARY

DESCRIBE SPECIFIC LOCATION OF THE INCIDENT

DESCRIBE THE INCIDENT IN DETAIL