

**ACCIDENT REPORT FORM  
 ALLEGANY COLLEGE OF MARYLAND  
 12401 WILLIOWBROOK ROAD, SE  
 CUMBERLAND, MD 21502-2596  
 (301) 784-5231**

DATE OF LOSS	TIME OF LOSS	A.M.	P.M.
LOCATION OF LOSS			

<b>P E R S O N A L  I N J U R Y</b>	NAME AND ADDRESS OF INJURED			
	LOCAL PHONE ( )		PERMANENT PHONE ( )	
	AGE	BIRTH DATE	SEX	SS NUMBER
	DESCRIBE INJURY			
				WHERE TAKEN

<b>P R O P E R T Y  D A M A G E</b>	NAME & ADDRESS: OWNER OF DAMAGED PROPERTY			
	LOCAL PHONE ( )		PERMANENT PHONE ( )	
	DESCRIBE DAMAGED PROPERTY			
	WHERE CAN PROPERTY BE SEEN			

WITNESSES	
REMARKS	
	REPORTED BY
SIGNATURE	DATE