

**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			

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

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

WITNESSES	
REMARKS	
	REPORTED BY
SIGNATURE	DATE