

Allegany College of Maryland

COLLEGE DEPARTMENT

STATEMENT OF ACCIDENT/DAMAGE/LOSS

College Department Contact Person

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

Location, date, and time of Accident/Damage/Loss:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Accident/Damage/Loss (use reverse side if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was involved in the incident? Please state names, address, and phone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any physician/medical facility/ambulance used (Name, address, phone, and date of service required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness (Please state name, address, home phone, and work phone):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature