

PROPERTY/VEHICLE INCIDENT REPORT

Complete this report for any County property damage including theft or loss.

Return this to the Human Resources Department Fax 865-457-6259

DEPARTMENT INFORMATION	
Employee Name _____	Department _____
Supervisor Name _____	Phone _____
INCIDENT INFORMATION	
Date of Incident _____	Time _____ am/pm Date Reported _____
Location of Accident (Address, City, State): _____	
Describe in detail the sequence of events that directly caused the incident:	

Contributing Factors:	

Witness(es) Name & Contact Information:	

County Vehicle/Equipment # _____	Other Vehicles Involved: ___Yes___ No
Owner's Name & Contact Information:	

County Vehicle Damage: _____	
Other Vehicle Damage: _____	
PHOTOS, ESTIMATES FOR REPAIRS, AND POLICE REPORTS MUST ACCOMPANY REPORT, IF APPLICABLE.	
Supervisor _____	Date _____