

# Property Damage Accident Report

Date of Report

MM/DD/YYYY

Report Prepared By

Full Name

## Accident Details

Date of Incident

MM/DD/YYYY

Time of Incident

HH:MM AM/PM

Location of Incident (e.g., Lobby, Room 205)

Enter location

Description of Property Damaged

e.g., Glass door, Furniture

Description of Incident

Provide a brief description of how the damage occurred

## Witnesses (if any)

Name(s) of Witness(es)

Enter names

Contact Information

Phone number or email

## Actions Taken

Immediate Action Taken

Describe actions taken (e.g., secured area, informed maintenance, etc.)

Reported To (e.g., Manager on Duty)

Enter name/position

## Additional Notes

Any other relevant information

Signature

Enter your signature

Date

MM/DD/YYYY