

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