

REPORT OF TREMONTON CITY ACCIDENT REVIEW COMMITTEE

Date of Report: _____
Tremonton City Department: _____
Date of Accident: _____
Employee involved or injured: _____
Location of Accident: _____

Factual description of accident (attach additional sheets if necessary): _____

Nature and extent of personal injury – property damage:

1. Personal Injury: _____

2. Property Damage: _____

Witnesses: _____

Explanation of accident by Tremonton City Employee: _____

Conclusion of Tremonton City Accident Review Board: _____

Corrective/Disciplinary Action: _____

Members of Tremonton City Accident Review Board involved in review of accident: _____

Signed _____