



Supervisor's Vehicle/Equipment Loss Accident / Incident Report

City of Kingsville, Texas

Vehicle/Equipment Loss

Incident Report

Department Information			
Date (M/D/Y) and Time of Loss /	Previously Reported	Date of Report	
Employee's Supervisor		Dept / Division	
Name of Department Contact Person		Work Phone #	
Nature of Accident / Incident			
Location of Accident	Law Enforcement Agency Contacted	Report Number	
Narrative Description of Accident			
City Vehicle/Equipment/ Individual Involved			
<input type="checkbox"/> City Employee		<input type="checkbox"/> TEMP Employee	
Employee Name:			
Vehicle Number	Year, Make, Model	Vehicle Identification Number	License State & Number
3 RD Party Information / Property Damaged			
Describe Property		Company Name and Policy Number	
Owner's Name and Address (include City, State, & Zip)		Contact #	
Witnesses or Passengers			
Name		Contact #	
Comments			
Report Completed By			

Submit Report to the Human Resource Department.

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