

**ACCIDENT REPORT  
(Other than Motor Vehicle)**

STD. 268 (REV. 8-94)

***This report should be completed  
and distributed within 48 hours of  
the incident. Attach any photos or  
diagrams.*****CONFIDENTIAL--ATTORNEY/CLIENT PRIVILEGED DOCUMENT*****This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed  
against the State or its employees. Under no circumstances should information be given to anyone except  
authorized state officials.***

INCIDENT DATE	LOCATION (Describe specific location on reverse)	TIME

**INJURED PARTY INFORMATION**

INJURED PARTY'S NAME (Last, First, M.I.)	BIRTH DATE	DRIVER'S LICENSE NUMBER
INJURED PARTY'S MAILING ADDRESS (Street, City, State, Zip)	HOME TELEPHONE NUMBER ( )	WORK TELEPHONE NUMBER ( )
NATURE AND EXTENT OF APPARENT / CLAIMED INJURY (Describe incident in detail on reverse.)		

PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM	FIRST AID GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM
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**PROPERTY DAMAGE/LOSS INFORMATION**

PROPERTY OWNER'S NAME (Last, First, M.I.)	HOME TELEPHONE NUMBER ( )	WORK TELEPHONE NUMBER ( )
PROPERTY OWNER'S MAILING ADDRESS (Street, City, State, Zip)		
NATURE AND EXTENT OF DAMAGE / LOSS (Describe in detail on reverse of this page)		

**WITNESS INFORMATION**

NAME (Last, First, M.I.)	ADDRESS (Street, City, State, Zip)	TELEPHONE NUMBER
1.	WORK	( )
	HOME	( )
DRIVER'S LICENSE NUMBER:		( )
2.	WORK	( )
	HOME	( )
DRIVER'S LICENSE NUMBER:		( )
3.	WORK	( )
	HOME	( )
DRIVER'S LICENSE NUMBER:		( )
REPORTING AGENCY NAME		

REPORTING EMPLOYEE'S NAME AND TITLE (Print or Type)	TELEPHONE NUMBER ( )
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REPORTING EMPLOYEE'S SIGNATURE



REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE (Print or Type)	TELEPHONE NUMBER ( )
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**ACCIDENT REPORT**  
***(Other than Motor Vehicle)***

STD. 268 (REV. 8-94) (REVERSE)

***USE ADDITIONAL SHEETS AS NECESSARY***

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DESCRIBE SPECIFIC LOCATION OF THE INCIDENT

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DESCRIBE THE INCIDENT IN DETAIL