

THE RISSER GROUP OF COMPANIES

2865 Executive Drive, Clearwater, FL 33762

Company Location _____
Phone # _____
Contact/Manager _____

YES/NO

Photos Taken	no
Police Report	no

PROPERTY DAMAGE REPORTING FORM

PART II Property Damage Report Section

(Complete all Numbered Areas)

1 _____
Name of Person or Company Causing Damage

2 _____
Phone Number

3 _____
Age

4 _____
Address

5 _____
Drivers License # State

6 _____
Date & Time Accident

7 _____
Weather

8 _____
Description of Person (Ht, Wt, Clothing etc.)

9 _____

10 Police Notified No

11 Police Department: _____

12 Police Report No

13 Officer's Name _____

VEHICLE INFORMATION

14 Make _____

17 Tag# _____

15 Model _____

18 Color _____

16 Yr _____

Owners Name

Phone #

INSURANCE INFORMATION

19 Insurance Carrier/Agent _____

20 Insurance Co Phone # _____

21 Policy Number _____

22 _____
Witness Name

Phone #

Witness Name

Phone #

23 Statement of Responsible Party _____

24 Statement of Employee _____

25 Date & Time of this Report _____

26 _____
Employee Signature

27 _____
Safety Committee Coordinator

E IMMEDIATE STEPS TO PREVENT FURTHER DAMAGE.

**** Make Sure Photos of The Accident Scene Have Been Taken**

**** Attach Police Reports, Statements from Witnesses, Employees and Responsible Parties.**

**E-Mail or Fax
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