

# OAKLAND HOUSING AUTHORITY

## ACCIDENT / ILLNESS / PROPERTY DAMAGE REPORT

Employee name \_\_\_\_\_ Date of event \_\_\_\_/\_\_\_\_/\_\_\_\_  
Job title \_\_\_\_\_ Time of event \_\_\_\_\_ a.m.  p.m.   
Location of event \_\_\_\_\_ Date of this report \_\_\_\_/\_\_\_\_/\_\_\_\_

### INJURY OR ILLNESS

Name of injured \_\_\_\_\_  
Employee  non-employee   
Home address \_\_\_\_\_  
Phone no. \_\_\_\_\_ Age \_\_\_\_\_  
Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
Leave work? Yes  No  Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ am  pm

### PROPERTY DAMAGE: OHA non-OHA

Item damaged \_\_\_\_\_ Model \_\_\_\_\_  
OHA Vehicle or Serial no. \_\_\_\_\_  
Damage description \_\_\_\_\_  
Operator \_\_\_\_\_  
Address \_\_\_\_\_  
Phone no. \_\_\_\_\_  
Other damage \_\_\_\_\_

Employee / Operator said \_\_\_\_\_

Passenger / Witness said \_\_\_\_\_

Pass./Wit. name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Other witnesses \_\_\_\_\_

Weather at accident \_\_\_\_\_ Day \_\_\_\_\_ Night \_\_\_\_\_ Other \_\_\_\_\_

Measurements made \_\_\_\_\_

(Skids, cracks, heights, spans, etc.) \_\_\_\_\_

Pictures taken of \_\_\_\_\_

What happened \_\_\_\_\_

Sketch how vehicle accident occurred on one of these diagrams

Indicate direction by compass points N, E, S, W

