



Employee Accident/Incident Report

Report No. _____
(To be completed by Stow
Public Service)

Important notice to City of Stow employees

This form is to be completed by the City employee (if possible) or supervisor to report an injury and/or accident or incident which resulted in damage to City-owned equipment or property.

This form does not replace or supplant the OSHA 301 Injury Form.

Complete both forms and submit to Department supervisor or Public Service Department ASAP.

Provide details below

Employee Name: _____ Dept./Div.: _____
Address: _____ Phone: (____) _____
City: _____ State: OH Zip Code: _____
Date of Accident/Incident: _____
Location of Occurance: _____ State: OH Zip Code: _____
Name of person you reported the accident/incident to: _____ Phone: (____) _____
Name of Witness: _____ Phone: (____) _____
Name of Witness: _____ Phone: (____) _____
Provide details of Accident/Incident: (Additional space provided on reverse side)

Employee injury

Was Employee injured? Yes: No:

If yes, attach completed copy of OSHA 301 form and photos, witness statements or police reports, if available.

Damage to City equipment/vehicles/property

Was City equipment, vehicle(s) or property damaged? Yes: No:

If yes, describe in detail, include vehicle make, model, year and color:

Extent of Damage (if known): _____

Signatures

Employee Signature

Date

Supervisor Signature

Date

Printed Spvsr. Name

Please note that this form may be used to fulfill any other City purpose including, but not limited to: insurance claims, employee reviews, public records requests and employee discipline.

Use additional sheets to include more comments/information