

## Property Damage and/or Accident Report

Campout \_\_\_\_\_ Location \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_ PM \_\_

Involved: \_\_\_ motor vehicle \_\_\_\_\_ Building(s) \_\_\_\_\_ other Indicate \_\_\_\_\_

Local police called or involved: YES \_\_\_\_\_ NO \_\_\_\_\_

Describe damage

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Names, addresses and phone numbers of persons involved (if minor, record name of responsible adult):

1. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

(Use back of sheet if more space is needed.)

Names, addresses and phone numbers of known witnesses:

1. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

(Use back of sheet if more space is needed.)

Signatures of those involved:

1.) \_\_\_\_\_

\_\_\_\_\_  
(Security committee member or  
person investigating)

2.) \_\_\_\_\_

3.) \_\_\_\_\_

(Use back of sheet if more space is needed.)