



# Hanover County Property Damage Incident Report

**Basic Information**

Accident Date	Accident Time (Military Time)	Date Reported
Accident Location Address (Location of where the damage occurred)		
Address (Street, City, State, Zip Code)		
City	State	Zip
Investigator/First Responder (Name)		

**Description of Accident** (Give a complete description of the accident.)

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**Property Damage Information** (Give a complete description of the property damaged.)

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**Person Involved**

Name (Last, First, Middle)		
Address (Street, City, State, Zip Code)		
Office Phone	Home Phone	Cell Phone

**Additional Comments/Witness Statements** (if witnesses present)

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### Billing

Bill for damaged (Always circle "Yes" unless manager does not want to pursue billing for damages.)

Yes No

If "Yes", Whom to Bill

If "No", Give Reason for Not Billing

### Supervisor Comments

### Local Approval

Name of Manager/Manager Designee

Date Approved

**Injury report should be submitted to Hanover County Safety & Risk Management as soon as possible, but no later than three (3) business days after the incident. Panel Physician selection information must be submitted along with incident report.**

**For additional guidance on completion of this form, please contact Hanover County Safety & Risk Management (804) 365-6227**