



Please fax back to 315-463-4761

ACCIDENT REPORT

DATE AND TIME OF ACCIDENT: _____

PERSON REPORTING ACCIDENT: _____

NAME OF PERSON(S) INVOLVED IN ACCIDENT: _____

HOME ADDRESS OF PERSON(S): _____

ADDRESS OF ACCIDENT: _____

LOCATION OF ACCIDENT: (Please be as specific as possible.) _____

TENANT FOR WHOM THE PERSON(S) ARE EMPLOYED OR VISITING:

NAME: _____ PHONE: _____

HAS THE PERSON(S) GONE TO THE HOSPITAL? _____ WHERE: _____

WAS AN AMBULANCE CALLED? _____ COMPANY: _____

DESCRIBE HOW THE ACCIDENT OCCURED: _____

NOTED INJURIES: _____

For Oliva Companies Use Only:
Time Rec: _____ Date: _____
Operator: _____ Date: _____
Faxed To: _____ Date: _____