

**STATE OF COLORADO  
REPORT OF ACCIDENT, INCIDENT, OR UNSAFE CONDITION  
(Non-Automobile)**

**PLEASE TYPE**

|  |   |                                 |         |  |            |
|--|---|---------------------------------|---------|--|------------|
| DEPARTMENT/AGENCY  |   | MMS FUNCTION NO. (DOH USE ONLY) |         | COST CENTER                            |            |
| <b>I<br/>EMPLOYEE<br/>COMPLETING<br/>REPORT</b>  | NAME  |                                 |         | TITLE                                  |            |
|  | DIVISION, SECTION, etc.   |                                 |         |  |            |
|  | BUSINESS ADDRESS  |                                 |         | BUS. PHONE                             |            |
| <b>II<br/>CLAIMANT<br/>INVOLVED<br/>IN THE<br/>ACCIDENT<br/>OR<br/>INCIDENT</b>              | NAME  |                                 |         | AGE                                    |            |
|  | HOME ADDRESS  |                                 |         | RES. PHONE                             |            |
|  | OCCUPATION  |                                 |         |  |            |
|  | EMPLOYED BY:  |                                 | ADDRESS |  | BUS. PHONE |
|  | WHAT WAS INVOLVED PERSON DOING AT TIME OF ACCIDENT OR INCIDENT? |                                 |         |  |            |
| <b>III<br/>DATE, TIME<br/>AND PLACE</b>  | DATE  |                                 | HOUR    |  |            |
|  | , 19  |                                 | A.M.    | P.M.                                   |            |
| LOCATION   |   |                                 |         |  |            |
| <b>IV<br/>THE<br/>INJURY</b>   | NATURE AND EXTENT OF INJURY                                     |                                 |         |  |            |
|  | WHERE WAS INJURED TAKEN AFTER ACCIDENT?                         |                                 |         | NAME OF DOCTOR                         |            |
|  | WHY WAS INJURED ON PREMISES?                                    |                                 |         |  |            |
| <b>V<br/>PROPERTY<br/>DAMAGE</b>   | OWNER   |                                 | ADDRESS |  | BUS. PHONE |
|  |   |                                 |         |  | RES. PHONE |
| LIST DAMAGE  |   |                                 |         |  |            |
| <b>VI<br/>DESCRIPTION<br/>OF<br/>ACCIDENT,<br/>INCIDENT,<br/>OR<br/>UNSAFE<br/>CONDITION</b> | (Attach additional statements on separate sheet.)               |                                 |         |  |            |
|  |   |                                 |         |  |            |
|  |   |                                 |         |  |            |
|  |   |                                 |         |  |            |
|  |   |                                 |         |  |            |
|  |   |                                 |         |  |            |
|  |   |                                 |         |  |            |
|  |   |                                 |         |  |            |
| <b>VII<br/>WITNESSES</b>   | NAME  |                                 | ADDRESS |  | BUS. PHONE |
|  |   |                                 |         |  | RES. PHONE |
|  | NAME  |                                 | ADDRESS |  | BUS. PHONE |
|  |   |                                 |         | RES. PHONE                             |            |
| DATE, LOCATION & BADGE NO. OR NAME OF POLICE AUTHORITY TO WHOM ACCIDENT WAS REPORTED         |   |                                 |         |  |            |
| DATE   | SIGNATURE OF EMPLOYEE   |                                 |         | SIGNATURE OF DEPARTMENT OR AGENCY HEAD |            |

**DISTRIBUTION**    2 Copies to Risk Management  
                                  1 Copy to Department  
                                  1 Copy to Originating Office