

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

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.)