



THE CITY OF SANTA MONICA GENERAL LIABILITY ACCIDENT REPORT

FOR CITY VEHICLE ACCIDENTS USE
FORM RM/CL.-AI/VAR 1 - (Vehicle Accident Report)

FOR INJURIES TO CITY EMPLOYEES,
USE FORM RM-WC-02 - (Report of Employee injury)

INSTRUCTIONS: Use for accidents occurring on city premises, public areas or city facilities. Forward original to Risk Management Phone (310) 458-8910 Fax (310) 576-1523

CITY FILE NO. _____

CITY INFORMATION	CITY DEPARTMENT AND DIVISION		TELEPHONE	DATE OF ACCIDENT	TIME OF ACCIDENT
	NAME OF PERSON PREPARING REPORT		JOB CLASSIFICATION	TELEPHONE	
	DESCRIBE CITY PROPERTY INVOLVED				
	DESCRIBE DAMAGE TO CITY PROPERTY				
PROPERTY DAMAGE OTHER THAN TO CITY	OWNER OF DAMAGED PROPERTY		ADDRESS	TELEPHONE	
	DAMAGED PROPERTY (DESCRIBE)				
	EXTENT OF DAMAGE (BE SPECIFIC)				
INJURIES OTHER THAN TO CITY EMPLOYEE	NAME	AGE	ADDRESS	TELEPHONE	INJURY
	NAME	AGE	ADDRESS	TELEPHONE	INJURY
	NAME	AGE	ADDRESS	TELEPHONE	INJURY
	NAME	AGE	ADDRESS	TELEPHONE	INJURY
WITNESSES	NAME		ADDRESS	TELEPHONE	LOCATION AT TIME OF ACCIDENT
	NAME		ADDRESS	TELEPHONE	LOCATION AT TIME OF ACCIDENT
	NAME		ADDRESS	TELEPHONE	LOCATION AT TIME OF ACCIDENT
ACCIDENT DESCRIPTION	LOCATION OF ACCIDENT / NAME OF NEAREST INTERSECTING STREET			WEATHER	ROAD CONDITIONS
	POLICE TO WHOM REPORTED		DATE	POLICE REPORT NO.	
	DESCRIBE HOW ACCIDENT OCCURRED – USE ADDITIONAL PAPER IF NEEDED:				
	PREPARER'S SIGNATURE		DIVISION OR DEPARTMENT HEAD'S SIGNATURE		