

REPORT OF INCIDENT/ACCIDENT

See Management Directive 630.2
Send completed report immediately

If additional space is needed, please attach an 8 1/2 x 11 sheet referring to item number.

DATE PREPARED

STD-430 (INCIDENT/ACCIDENT REPORT) BEING SENT TO BUREAU OF RISK & INSURANCE MANAGEMENT (BRIM) VIA: <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> MAIL	<p style="color: red; text-align: center;">* PLEASE DO NOT SEND MULTIPLE COPIES OF AN STD-430 INCIDENT/ACCIDENT REPORT TO BRIM UNLESS YOU FIRST VERIFY THAT THE ORIGINAL REPORT WAS NOT RECEIVED.</p> THIS REPORT IS THE: <input type="checkbox"/> ORIGINAL - 1ST NOTICE OF LOSS <input type="checkbox"/> DUPLICATE COPY OF PREVIOUSLY SUBMITTED INCIDENT/ACCIDENT REPORT
---	---

1. TIME AND LOCATION		
INCIDENT/ACCIDENT DATE	TIME:	LOCATION (STREET & NUMBER, BUILDING/INSTITUTION, CITY, COUNTY, STATE)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

2. PERSONS INJURED				
#	NAME	ADDRESS & TELEPHONE NUMBER	AGE	EXTENT OF INJURIES
1	E-Mail Address:			
2	E-Mail Address:			
3	E-Mail Address:			

3. PROPERTY DAMAGE			
OWNER	OWNER'S SOCIAL SECURITY	ADDRESS & TELEPHONE NUMBER	ESTIMATED DAMAGE
E-Mail Address:	- -		
PROPERTY DESCRIPTION		DESCRIPTION OF DAMAGE	
Vehicle Make:	Model:	Year:	License No.:

4. DESCRIPTION OF INCIDENT/ ACCIDENT	5. DEPARTMENT STATEMENT

6. WITNESSES (Name, address and telephone number)	
1	
2	
3	

7. CLAIM INFORMATION		
NAME OF EMPLOYEE INVOLVED	WORKING TITLE	ADDRESS & TELEPHONE NUMBER
AGENCY	IMMEDIATE SUPERVISOR	SUPERVISOR'S BUSINESS ADDRESS & TELEPHONE NUMBER

8. NOTIFICATION OF POSSIBLE CLAIM	
HOW NOTIFIED?	IS CLAIM BEING MADE?
<input type="checkbox"/> LETTER <input type="checkbox"/> PHONE <input type="checkbox"/> IN-PERSON	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCERTAIN

9. REPORTED BY			
AGENCY	BUREAU/INSTITUTION/FIELD OFFICE		
INDIVIDUAL PREPARING REPORT	NAME	WORKING TITLE	BUSINESS TELEPHONE NUMBER