City of Republic
213 N. Main
Republic, MO 65738

ACCIDENT REPORT

Date of Accident:_____ Time of Accident:_____

Location of Accident:_____

Type of Accident: Auto_____ Personal Injury_____ Equipment_____
(PLEASE CHECK ONE)

Please give detailed explanation:

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I verify that the information in this report is true to the best of my knowledge.

_____ _____
DATE PERSON REPORTING ACCIDENT

I have reviewed this report and discussed the incident with this employee.

_____ _____
DATE SUPERVISOR

Received in the City Clerks Office:

Date:_____ Received by:_____

PLEASE RETAIN ONE COPY OF THIS REPORT FOR YOUR FILES