



Photographer Event Report

Location: _____

City: _____, State: _____ Zip: _____

County: _____

Police Department: _____

Police Case Number: _____

Accident Date: _____ Accident Time: _____

Involved Death or Serious Injury: (Circle One) Yes No

Accident Type: (Choose one)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Amusement Park | <input type="checkbox"/> ATV | <input type="checkbox"/> Boating | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Defective Product | <input type="checkbox"/> Dog Attack | <input type="checkbox"/> Falling Object | <input type="checkbox"/> Fire and Chemical |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Medical Negligence | <input type="checkbox"/> Slip and Fall | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Traffic | <input type="checkbox"/> Wheelchair | |
| <input type="checkbox"/> Other: _____ | | | |

Photographer Information:

Date Notified: _____ Time Notified: _____

Date Arrived: _____ Time Arrived: _____

Date Left: _____ Time Left: _____

Date Photos Taken: _____ Time Taken: _____

Number of Photographs: _____

Signature: _____