**事　故　発　生　報　告　書**

様式第１０号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事故発生  日時 | | 年　　月　　日（　曜日）　　時　　分頃 | | | | | | | | | | | | | | | | | | | | |
| 事故発生  場所 | |  | | | | | | | | | | | | | | | | | | | | |
| 事故  当事者 | | 氏名 | |  | | | 登録  番号 | |  |  |  | |  | |  | |  | |  | |  | |
| 住所 | |  | | | | | | | | | | | | | | | | | | |
| 電話 | |  | | | | | | | | | | | | | | | | | | |
| けがの箇所 | |  | | | | | | | | | | | | | | | | | | | | |
| 入院の有無 | |  | | | | | | | | | | | | | | | | | | | | |
| 病院 | | 病院名  住　所  電　話 | | | | | | 病院名  住　所  電　話 | | | | | | | | | | | | | | |
| 治療期間 | | * 年　　月　　日　～   　　年　　月　　日   * 治療中 | | | | | | * 年　　月　　日　～   　　年　　月　　日  ・治療中 | | | | | | | | | | | | | | |
| 事故状況 | |  | | | | | | | | | | | | | | | | | | | | |
| 証明 | | 氏名 | |  | | | 登録  番号 | |  |  | |  | |  | |  | |  | |  | |  |
| 住所 | |  | | | | | | | | | | | | | | | | | | |
| 電話 | |  | | | | | | | | | | | | | | | | | | |
| 路上違反広告物追放登録員の活動中の事故であることを証明します。 | | | | | | | | | | | | | | | | | | | | |
| 調査者 | |  | | | | | | | | | | | | | | | | | | | | |
| 決  裁 | 室　長 | | 係　長 | | 係　員 |
|  | |  | |  |