Incident/Property Damage Report Form

(Print this form and use as a copy master.)

Reported By _________________________________ Dept. ________________ Date __________ 
Date of Incident _______________ Time of Incident __________ a.m. _________p.m. 
Location of Incident ________________________________________________________ 
Was Police Dept. Notified ___yes ____no Fire Dept. ____yes ____no

Incident Report

Please provide a brief description of the type of damage: 
_____ Injury to Person ______________________________________________________________________________
_____ Damage to Property ___________________________________________________________________________
_____ Other (describe) ______________________________________________________________________________
Name of Party ___________________________________________________ Phone___________________________
Address (include complete address, with street address, city, state and zip)
_________________________________________________________________________________________________
Driver's License No. ________________________________________________________________________________
Briefly Describe What Happened: _____________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Did party indicate intent to file a claim against agency?   ___yes ___no

Witnesses:
Name _________________________________ Address _______________________________ Phone ______________
Name _________________________________ Address _______________________________ Phone ______________
Name _________________________________ Address _______________________________ Phone ______________

Incident Activity Log

Date _______________ Comments ____________________________________ Diary/Activity __________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________