

Risk Management Use Only:

City Incident #

Liability:

Property Loss/Damage:

Auto Loss/Damage:

SECTION I*(Complete in full)***1. Incident Information:**

Reporting Date: _____ Date of Incident: _____

Location of Incident: _____

City: _____ State: _____ Zip: _____

Type of Loss: *(Auto, Property, Injury-Fire, Wind, Etc.)* _____Describe what happened: _____

City Employee Involved in Incident: _____

Contact Person for Additional Information: _____

Witness/Passenger Name(s): _____ 

Address: _____ Phone #: _____

Was a Police Report Filed? Yes _____ No _____ Report # _____

Where Filed? _____
_____**SECTION II***(Complete A, B or C)***A. For Auto/Motorized Equipment Loss/Damage Municipal Vehicle Information**

Plate: _____ VIN: _____ Vehicle # _____

Year: _____ Make: _____ Model: _____

Driver's Name: _____ Department: _____

Describe Damage: _____

Where can Vehicle be Seen? _____

B. Other Vehicle Information

Year: _____ Plate: _____ VIN: _____
Make: _____ Model: _____

Owner's Name: _____

Address: _____ Phone: _____

Driver's Name: _____

Address: _____ Phone: _____

Describe How Accident Occurred: _____

Describe Damage: _____

SECTION III

For Other Municipal Losses

A. Property Loss/Damage:

Owner's Name: _____

Address: _____ Phone: _____

Description of Lost/Damaged Property: _____

If City Owned: Serial Tag # _____ Estimated Damage: _____

Repair: _____ Replace: _____

B. Injury/Accident

Injury's Name:

Address:

Phone:

Nature & Extent of Injury/Accident:

Exact Location of Injury/Accident:

Cause of Injury/Accident

Was person given First Aid?

Yes

No

If Yes, Describe First-Aid Treatment Administered

Sent for Medical Treatment?

Yes

No

If Yes, Where?

C. FOR PARKS & RECREATION USE ONLY:

Age of Participant

Parent/Guardian Name:

Program Name

Location:

Program Supervisory Ratio

No. of Program Participants:

Fill in where applicable: Attended by Doctor

Name:

Time:

 Removed to Hospital

Name:

Time:

 Parent Notified

Name:

Time:

 Parent/person who picked up child

Name:

Time:

PLEASE ATTACH COPY OF SIGNED WAIVER RELEASE FORM, IF APPLICABLE

Reported by:

Date

Department Head Signature:

Date