



Incident Report Form

Use this form to report accidents, injuries, or damage to personal property. Attach all Insurance information, photographs, and estimate of repairs. If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Finance Office Room 104 City Hall.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name _____			
Home Address _____			
Phone Numbers	Home	Cell	Work
INFORMATION ABOUT THE INCIDENT			
Date of Incident	Time	Police Notified	EJ Yes EJ No
Location of Incident _____			
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)			
Were there any witnesses to the incident? EJ Yes EJ No If yes, attach separate sheet with names, addresses, and phone numbers.			
Were there any injuries? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).			
Was medical treatment provided? EJ Yes EJ No EJ Refused If yes, where was treatment provided: EJ on site EJ Urgent Care EJ Emergency Room EJ Other			

REPORTER INFORMATION
Individual Submitting Report (print name) _____
Signature _____
Date Report Completed _____

FOR OFFICE USE ONLY

Report Received by _____ Date _____

