



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 or call 814.539.2504 ext.: 122

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 _____

