

**CITY OF UKIAH
CITY MANAGER'S OFFICE
RISK MANAGER
INCIDENT/CLAIM INVESTIGATION REPORT**

Immediately following an incident document the events that took place on this report. It should be completed by those involved, signed by the Supervisor and returned to the Risk Manager within 24 hours of the event or knowledge of the event. If any property damage or injury occurred, after contacting dispatch if necessary and/or seeking medical attention contact the City's Insurance carrier REMIF to report the incident.

I N C I D E N T

INVOLVED CITY PARTY(S): _____ INCIDENT DATE: _____

DEPARTMENT: _____ DAMAGE: _____

DEPARTMENT'S DESCRIPTION OF SITUATION (Claim is to be attached. Attach photographs if appropriate)

IDENTIFY WHETHER SITUATION WAS CAUSED BY, OR WAS THE RESULT OF, A VARIANCE FROM CITY POLICY, STANDARDS, OR PROCEDURES; WAS SITUATION CAUSED BY CITY STAFF OPERATIONS _____

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

RISK MANAGER EVALUATION OF SITUATION _____

RISK MANAGER RECOMMENDATION:

CITY COUNCIL REJECT CLAIM AND REFER TO REMIF: _____

PAY CLAIM IN RESPONSE TO CITY RESPONSIBILITY: _____

RISK MANAGER SIGNATURE: _____ DATE: _____

**CITY OF UKIAH
CITY MANAGER'S OFFICE
RISK MANAGER
TRAFFIC ACCIDENT REPORT**

Immediately following an incident or traffic accident document the events that took place on this report. Always obtain a Police report. If a Police Vehicle is involved, obtain a report from the California Highway Patrol (CHP). This form should be completed by those involved, signed by the Supervisor and returned to the Risk Manager within 24 hours of the event or knowledge of the event. If any property damage or injury occurred, after contacting dispatch if necessary and/or seeking medical attention contact the City's Insurance carrier REMIF to report the incident.

TRAFFIC ACCIDENT

Name of City Employee Involved: _____ Date/Time _____ of Event: _____

Vehicle Information

Department: _____ Make/Model of Vehicle: _____ Color: _____

Ca Lic #: _____ Vin #: _____ City Vehicle #: _____

Description of Damage to vehicle: _____

Description of injuries: _____

Other Party Information

Name: _____ Address: _____ Daytime Ph #: _____

Make/Model of Vehicle: _____ Color: _____ Lic #: _____

Description of Damage to vehicle: _____

Witness Name: _____ Daytime Ph #: _____