

# 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_