



INCIDENT REPORT

(DO NOT USE FOR WORK RELATED INJURIES/EXPOSURES)



Instructions: This form is required for reporting all potential damage done to a citizen's property/vehicle or in cases of bodily injury to a citizen or a volunteer, OR when damage to City property or a City vehicle has occurred. Employee involved should complete the form and the supervisor should sign it. The report shall be submitted to Risk Management within **four days** of the incident.

Part I – INCIDENT INFORMATION

DATE OF INCIDENT			COMPLETE DESCRIPTION OF INCIDENT:			
MONTH	DAY	YEAR				
TIME OF INCIDENT <input type="checkbox"/> AM						
PM <input type="checkbox"/>						
POLICE REPORT/ FIRE INCIDENT NUMBER:						
ADDRESS/LOCATION OF INCIDENT			CITY	STATE		ZIPCODE
NAME OF CITIZEN/COMPANY INVOLVED			PHONE NUMBER	MAILING ADDRESS		
CABLE CUTS: <input type="checkbox"/> LOCATES GOOD <input type="checkbox"/> NO LOCATES <input type="checkbox"/> MIS-LOCATED						
<input type="checkbox"/> VANDALISM <input type="checkbox"/> THEFT <input type="checkbox"/> STORM RELATED <input type="checkbox"/> UNKNOWN CAUSE <input type="checkbox"/> HIT & RUN						
<input type="checkbox"/> OTHER (describe): <input type="checkbox"/> SUBROGATION (Should RM recover for damage to City Property?)						

PART II ✓ CHECK AND COMPLETE ALL SECTIONS THAT APPLY

☐ **POTENTIAL CITIZEN CLAIM: Property/Vehicle Damage and/or Bodily Injury/Exposure**
DESCRIBE DAMAGE TO CITIZEN'S PROPERTY/VEHICLE OR BODILY INJURY:

☐ CITY VEHICLE DAMAGE

CITY UNIT NO. _____ YEAR _____ MAKE _____ MODEL _____
DRIVER'S NAME (please print) _____ ☐ OCCUPIED ☐ UNOCCUPIED
DESCRIBE DAMAGE TO CITY VEHICLE: _____

IS THIS A COMMERCIAL MOTOR VEHICLE? ☐ YES ☐ NO **PARTY AT FAULT:** ☐ City ☐ Third Party

TO BE COMPLETED BY FLEET SERVICES

DAMAGE \$ _____ DISPOSITION: ☐ REPAIRED ☐ NO DAMAGE ☐ TOTALED ☐ OTHER _____
DAMAGE/DISPOSITION COMPLETED BY: _____ DATE: _____

☐ CITY PROTPERTY DAMAGE (Building, equipment, computer, cell phone, etc.) **PARTY AT FAULT:** ☐ City ☐ Third Party

DESCRIBE DAMAGE TO CITY PROPERTY: _____
DAMAGE \$ _____ DISPOSITION: ☐ REPAIRED ☐ NO DAMAGE ☐ TOTALED ☐ OTHER _____

PART III – EMPLOYEE COMPLETING REPORT

NAME (please print)		DEPT. / DIVISION		WORK PHONE NO:	
SIGNATURE				DATE	
SUPERVISOR'S SIGNATURE			DATE	WORK PHONE	

PART IV - RISK MANAGEMENT INFORMATION

Type of Incident	Date of Incident	Incident/Claim #	Date Logged	Code/ CUO	Claim Value \$	Department \$\$	Loss Fund \$\$