

# Town of Friendly

1001 Main Street, Friendly, AZ 85000, (602) 222-1111

## INCIDENT REPORT

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**Risk Management Use Only:**

City Incident # \_\_\_\_\_

Liability: \_\_\_\_\_

Property Loss/Damage: \_\_\_\_\_

Auto Loss/Damage: \_\_\_\_\_

### SECTION I

*(Complete in full)*

#### 1. Incident Information:

Reporting Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Loss: *(Auto, Property, Injury-Fire, Wind, Etc.)* \_\_\_\_\_

Describe what happened: \_\_\_\_\_

Employee Involved in Incident: \_\_\_\_\_

Contact Person for Additional Information: \_\_\_\_\_

Witness/Passenger Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Was a Police Report Filed? Yes \_\_\_\_\_ No \_\_\_\_\_ Report # \_\_\_\_\_

Where Filed? \_\_\_\_\_

### SECTION II

*(Complete A, B or C)*

#### A. For Auto/Motorized Equipment Loss/Damage Municipal Vehicle Information

Plate: \_\_\_\_\_ VIN: \_\_\_\_\_ Vehicle # \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

Where can Vehicle be Seen? \_\_\_\_\_

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### B. Other Vehicle Information

Year: \_\_\_\_\_ Plate: \_\_\_\_\_ VIN: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe How Accident Occurred: \_\_\_\_\_  
\_\_\_\_\_

Describe Damage: \_\_\_\_\_  
\_\_\_\_\_

## SECTION III

*For Other Municipal Losses*

### A. Property Loss/Damage:

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Lost/Damaged Property: \_\_\_\_\_

If City Owned: Serial Tag # \_\_\_\_\_ Estimated Damage: \_\_\_\_\_  
Repair: \_\_\_\_\_ Replace: \_\_\_\_\_

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### B. Injury/Accident

Injured's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Nature & Extent of Injury/Accident: \_\_\_\_\_

Exact Location of Injury/Accident: \_\_\_\_\_

Cause of Injury/Accident \_\_\_\_\_

Was person given First Aid?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, Describe First-Aid Treatment Administered \_\_\_\_\_

Sent for Medical Treatment?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, Where? \_\_\_\_\_

### C. FOR PARKS & RECREATION USE ONLY:

Age of Participant: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Location: \_\_\_\_\_

Program Supervisory Ratio: \_\_\_\_\_

No. of Program Participants: \_\_\_\_\_

#### *Fill in where applicable:*

\_\_\_\_ Attended by Doctor

Name: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_ Removed to Hospital

Name: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_ Parent Notified

Name: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_ Parent/person who picked up child

Name: \_\_\_\_\_

Time: \_\_\_\_\_

**PLEASE ATTACH COPY OF SIGNED WAIVER RELEASE FORM, IF APPLICABLE**

Reported by: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_