

INCIDENT REPORT

Department: _____

Employee Involved: _____ Phone Number: _____

Date of Incident: _____

Location of Incident: _____

Type of Incident:

___ Private Property Damaged

___ County Property Damaged

___ Vandalism

___ Citizen Injured Type of Injury: _____

Police Report Number: _____

Citizen Name: _____ Phone Number: _____

Address: _____

Witness: _____ Phone Number: _____

Witness: _____ Phone Number: _____

Description of Incident/Event:

Description of Damage/Loss (including equipment number):

Estimate of Damage:

Supervisor's Comments/Recommendations:

Employee's Signature/Date

Supervisor's Signature/Date
