

Incident/Property Damage First Report Form

Reported by _____ Dept. _____ Date: _____

Date of Incident _____ Time of Incident _____ am ___ pm ___

Location of incident _____

Was Police Department Notified ___ yes ___ no Fire Department/EMS ___ yes ___ no

Please provide a brief description of the type of damage/injury:

_____ Injury to Person _____

_____ Damage to property _____

_____ Other describe) _____

_____ Vehicle (see other side)

Name of Party _____ Phone _____

Date of Birth: _____

Address (include complete address, with street address, city, state and zip)

Briefly Describe What Happened _____

Cause of damage/injury _____

Contributing Factors _____

Is injured party a Town employee? ___ yes ___ no Has Supervisor been notified? ___ yes ___ no

Did the injured party refuse medical attention? ___ yes ___ no

Witnesses:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Follow up Action

Date: _____ Comments: _____

Name of Medical Professional seen _____

Date seen _____

Vehicle Information

Vehicle 1

Vehicle year _____ Vehicle Make _____ Vehicle Model _____

Vehicle plate # _____ Vehicle Insurance Carrier _____

Vehicle Owner _____

Drivers relationship to Employer _____

Purpose of use _____

Vehicle used with permission: _____ yes _____ no (if no, explain)

Person involved (first & last name) _____

Drivers License No. _____

Person involved contact number (home/cell) _____

Person involved complete address:

Vehicle 2

Vehicle year _____ Vehicle Make _____ Vehicle Model _____

Vehicle plate # _____ Vehicle Insurance Carrier _____

Vehicle Owner _____

Drivers relationship to Employer _____

Purpose of use _____

Vehicle used with permission: _____ yes _____ no (if no, explain)

Person involved (first & last name) _____

Drivers License No. _____

Person involved contact number (home/cell) _____

Person involved complete address:
