



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 to Person _____

_____ Damage to Property _____

_____ Other (describe) _____

_____ Vehicle (see other side) _____

Name of Party _____ Phone _____

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? _____ Has Supervisor been notified? _____

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

Witnesses:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Follow up Action

Date _____ Comments _____

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 (if no, explain) _____

Person involved (first & last name) _____

Driver's 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 (if no, explain) _____

Person involved (first & last name) _____

Driver's License No. _____

Person involved contact number (home/cell) _____

Person involved complete address _____

