

CITIZEN INCIDENT REPORT

This report is to be used by any citizen involved in an accident or incident occurring on municipal property which required first-aid or hospital treatment, resulted in the citizen complaining of discomfort, or it involved damage to the citizen's vehicle or property.

PLEASE PRINT

Citizen's Name _____

Home Telephone #: _____

Street Address: _____

City, State, Zip: _____

Date of Incident: _____ Time: _____ AM/PM

Exact Location of Incident: _____

Describe Accident/Injury: _____

Describe Vehicle/Property Involved: _____

List all Witnesses: _____

Was First-Aid Given? Yes ___ No ___ Type: _____

Was Medical Emergency Treatment Given: Yes ___ No ___

Given By: _____ Date/Time: _____
Hospital/Doctor

Citizen's Signature

Municipal Employee's Signature

Date

Date

RETURN COMPLETED FORM TO THE VILLAGE ADMINISTRATOR'S OFFICE SI-009