

CITY OF SPOKANE INCIDENT REPORT



COMPLETE AND SEND TO RISK MANAGEMENT WITHIN 1 WORKING DAY

To be used for: Vehicle Collisions – Police investigation required for all collisions involving City vehicles
Equipment Damage – Property Damage – Injuries to Citizens

INCIDENT DATE: _____ TIME: _____ PRECISE LOCATION: _____

CLAIMANT'S NAME & ADDRESS: _____ PHONE: _____

DESCRIPTION OF INCIDENT: (Describe in detail: nature of incident, cause, contributing factors, comments made by others. Attach photographs and note name of photographer. Attach more sheets if necessary)

WAS CITY VEHICLE OR EQUIPMENT INVOLVED? (CIRCLE ONE) YES NO

YEAR	MAKE	LICENSE#	PARTS DAMAGED	DRIVER NAME & DEPT.
CITY VEHICLE _____	_____	_____	_____	_____
DRIVER LICENSE # _____				
OTHER VEHICLE(S) _____	_____	_____	_____	_____

VEHICLE OWNER & ADDRESS IF DIFFERENT THAN DRIVER: _____

WAS THERE PROPERTY DAMAGE? (CIRCLE ONE) YES NO

DESCRIBE PROPERTY: _____

OWNER NAME & ADDRESS: _____ PHONE: _____

ESTIMATE OF DAMAGE: _____

WERE THERE ANY INJURIES? (CIRCLE ONE) YES NO

DESCRIBE INJURIES (left hand, right foot, etc.): _____

INJURED'S NAME & ADDRESS: _____ PHONE: _____

IF A MINOR, WERE PARENTS/GUARDIANS CONTACTED? (CIRCLE ONE) YES NO

PARENT/GUARDIAN NAME: _____ PHONE: _____

OTHER INCIDENT REQUIRING AN EXPLANATION (PLEASE EXPLAIN): _____

LIST ANY WITNESSES: _____
ADDRESS: _____
PHONE: _____

REMARKS: _____

DATE	NAME OF PERSON SUBMITTING REPORT (PRINT)	DEPARTMENT
DATE	NAME OF SUPERVISOR & PHONE # (PRINT)	SIGNATURE OF SUPERVISOR