

# CITIZEN INCIDENT REPORT

Use this form if incident involves a citizen.  
If incident also involves City vehicle/equipment, use  
'Accident Report Form'



Submit to Risk Management (Within 24 hours)  
Incident File No: \_\_\_\_\_

## INCIDENT DETAILS

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_ Department/Division Experiencing Incident: \_\_\_\_\_

## INJURED PARTY

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Parent Name (if injured is a minor): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## NATURE OF INJURY

Nature of Injury:  
Describe the Incident:

Were the authorities notified? Yes  No  If yes, Police  Fire  Ambulance  Rescue

Was First Aid Administered? Yes  No  If yes, by whom?

Was the injured party transported to the hospital? Yes  No  If yes, by whom?

Observations (check all that are observed): Bleeding  Speech Slurred  Consciousness  Pain

If any checked, provide detail:

## WITNESS & SIGNATURES

**Witness 1:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address/City/State: \_\_\_\_\_ Relation to injured party: \_\_\_\_\_

**Witness 2:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address/City/State: \_\_\_\_\_ Relation to injured party: \_\_\_\_\_

Employee Completing form: \_\_\_\_\_ Signature: \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_