

# INCIDENT REPORT

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

## Claim Information

Date of Incident: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_  A.M.  P.M.

Location: \_\_\_\_\_

Provide a Description of What Happened (Please attach any additional information you deem necessary, including an estimate of damage and repair cost): \_\_\_\_\_

Vehicle/Equipment Involved?  Yes  No

Describe damage: \_\_\_\_\_

VIN#: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

## Personal Injury

Did injury occur? Yes  No  Nature of injury: \_\_\_\_\_

## Investigation

Investigated?  Yes  No If yes, agency? \_\_\_\_\_ Case Number \_\_\_\_\_ Charges \_\_\_\_\_

Witness Information (Name, address, phone): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN TO RISK MANAGEMENT: [riskmanagement@bonnercountyid.gov](mailto:riskmanagement@bonnercountyid.gov) or FAX: 208-265-1457 or Mail: 1500 Highway 2, Suite 337, Sandpoint, ID 83864

Revised: 11/06/2017