

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 County Vehicle Identifier: _____

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 or FAX: 208-265-1457 or Mail: 1500 Highway 2, Suite 337, Sandpoint, ID 83864

Revised: 01/26/2018