# CITY OF MADISON INCIDENT REPORT

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF INJURED PARTY OR OWNER OF DAMAGED PROPERTY | | | | | | | | | | |
|  | | | | | | | | | | |
| ADDRESS | | | | | | | | | | |
|  | | | | | | | | | | |
| HOME TELEPHONE # | | WORK TELEPHONE # | | | DATE AND TIME | | | | FLEET # | |
|  | |  | | |  | | | |  | |
|  | |  | | | | |  | | |  |
| WHERE DID INCIDENT OCCUR (ADDRESS) | | | | | | | | | | |
|  | | | | | | | | | | |
| APPARENT NATURE OF INJURY OR DAMAGE | | | | | | | | | | |
|  | | | | | | | | | | |
| BRIEF DESCRIPTION OF INCIDENT | | | | | | | | | | |
|  | | | | | | | | | | |
| IF CITY PROPERTY, ESTIMATED DAMAGE ($) | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| POLICE CALLED | | | | POLICE CASE # | | | | | | |
| YES | NO | | |  | | | | | | |
|  | | | | | | | | | | |
| FIRST AID GIVEN | | | | BY WHOM | | | | | | |
| YES | NO | | |  | | | | | | |
| PERSON SENT TO | | | | VIA | | | | | | |
|  | | | |  | | | | | | |
|  | | | | | | | | | | |
| WITNESS NAME | | | ADDRESS | | | | | TELEPHONE | | |
|  | | |  | | | | |  | | |
| WITNESS NAME | | | ADDRESS | | | | | TELEPHONE | | |
|  | | |  | | | | |  | | |
|  | | | | | | | | | | |
| EMPLOYEE NAME | | | DEPARTMENT | | | | | TELEPHONE | | |
|  | | |  | | | | |  | | |
| EMPLOYEE SIGNATURE | | | | | | | | DATE | | |
|  | | | | | | | |  | | |
| SUPERVISOR NAME | | | | | | DATE | | TELEPHONE | | |
|  | | | | | |  | |  | | |