# CITY OF MADISON INCIDENT REPORT

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| --- |
| 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 |
|       |       |       |