

INCIDENT REPORT

LOCATION, DATE, AND TIME OF INCIDENT

Property Name: _____

Location of Incident: _____

Date of Incident: _____ Time _____ (AM) (PM)

TYPE OF INCIDENT AND DESCRIPTION

Damage or loss to Real Property

Other Property or Services

Description of Loss: _____

Action Taken: _____

Estimate of Damage \$ _____ obtain two competitive bids immediately.

Damage or loss to Property of Others

Name/ Address of Owner: _____

Description of loss: _____

Description of Property: _____

Estimated or Claimed Value: _____ Owner Phone _____

Name/Address of Witness: _____ Phone _____

Bodily Injury Name of Injured _____ Resident? ____ Age: ____

Address: _____ Phone: _____

Description: _____

Action Taken: _____

Witnesses: _____ Phone: _____

Other Incident

Describe: _____