

**INCIDENT REPORT**  
(When Completing This Form, Please Print)

To: Patty Hoerig, County Clerk's Office  
Casualty Insurance Coordinator

**From:** \_\_\_\_\_  
*(Department)* *(Individual)*

**Date of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Type of Incident:** \_\_\_\_\_

**Injured Party Name and Address (if a juvenile-include parental information)**

**Name:** \_\_\_\_\_  
*(First)* *(Middle)* *(Last)*

**Address:** \_\_\_\_\_  
*(Street Name and Number)*

\_\_\_\_\_

*(City)*

*(State)*

*(Zip Code)*

**Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Description of Incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Injured party's statement** \_\_\_\_\_

\_\_\_\_\_

**Witness Name:** \_\_\_\_\_ (Fill out page 2 for Witness Statement)

**Action Taken:** \_\_\_\_\_

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**Reported to:** \_\_\_\_\_

**Dated:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

# INCIDENT REPORT

**Witness Statement:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_