

NON-EMPLOYEE INCIDENT REPORT

This report is to be used by any non-employee involved in an accident or incident, which required first-aid or hospital treatment, or resulted in the non-employee complaining of discomfort as a result of the incident, or resulted in damage to their personal property.

PLEASE PRINT

Name: Home Phone Number:

Address:

City: State Zip Code

Date of Incident: Time: [] A.M. [] P.M.

Exact Location of Incident:

Describe Accident/Injury:

Describe Vehicle/Property Involved:

List all Witnesses & Phone Numbers:

Was First-Aid Given? YES NO Type:

Was Medical Emergency Treatment Given? YES NO Type:

Given By (Hospital/Doctor):	Date: ____/____/____
	Time: _____ [] A.M. [] P.M.

Your Signature:	Municipal Employee's Signature:
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Date: ____/____/____	Date: ____/____/____
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Return to Village/City Administrator's Office