



# INCIDENT/ACCIDENT CLAIM FORM

By accepting this form, the City is not assuming any liability or agreeing to claims of negligence

## INCIDENT/ACCIDENT INFORMATION

Date: \_\_\_\_\_

Name of Person Involved in the Incident/Accident: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Date of Incident /Accident: \_\_\_\_\_ Time of Incident/Accident: \_\_\_\_\_  a.m.  p.m.

Person reporting Incident/Accident: \_\_\_\_\_

Describe Incident/Accident (What happened? Be specific): \_\_\_\_\_

\_\_\_\_\_

Location of Incident/Accident (Be specific): \_\_\_\_\_

\_\_\_\_\_

Did Injury occur?  Yes  No  Unknown If yes, list injury: \_\_\_\_\_

\_\_\_\_\_

Was first aid/care given?  Yes  No If yes, list first aid/care given & by who? \_\_\_\_\_

\_\_\_\_\_

Was there Property Damage?  Yes  No  Unknown If yes, list damage (Be specific)? \_\_\_\_\_

\_\_\_\_\_

***Attach photos, receipts, or other documentation of incident/accident if available.***

Witnesses to the Incident/Accident: (Give Name/s, address/es & phone numbers): \_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN TO: City Manager's Office - City Hall  
3225 Main Street, Sweet Home, OR 97386**

***For City Use Only***

Reviewed By: \_\_\_\_\_

Title & Department: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No action needed

Corrective action taken: \_\_\_\_\_

Referred to: \_\_\_\_\_

Follow up needed: \_\_\_\_\_

\_\_\_\_\_