GENERAL INCIDENT REPORT

(For Non-Vehicle Incidents Only)
IF INJURIES OCCUR, CONTACT:
YORK INSURANCE SERVICES GROUP IMMEDIATELY AT
(805) 288-4310

Date, Time and Location

Date	Time	a.m.	p.m.	Police Report No.
Location				

Describe the Incident

City Property Damaged

Describe the Property:	
Manufacturer:	Model:
Serial/License No.	Year Made:

Other Property Damaged

Describe the Property:		
Manufacturer:	Model:	
Serial/License No.		Year Made:
Owner's	Name:	
	Address:	
	Daytime Telephone Number:	

Injured Persons/Eye Witnesses

Name:	Phone:	Approx. Age:
Address:		
Describe Injury:		
Was this person injured? ☐ YES ☐ NO	Was this person hospitalized? ☐ YES ☐ NO	
Describe location of person, relative to incident:		

Name:	Phone:	Approx. Age:
Address:		
Describe Injury:		
Was this person injured? ☐ YES ☐ NO	Was this person hospitalized? ☐ YES ☐ NO	
Describe where person was, relative to incident:		

Name:	Phone:	Approx. Age:
Address:		
Describe Injury:		
Was this person injured? ☐ YES ☐ NO	Was this person hospitalized? ☐ YES ☐ NO	
Describe where person was, relative to incident:		

DIAGRAM OF INCIDENT

X = Point of Rest T = Trip Hazard C = Citizen

Name of person completing this form (Print): _____

_____	_____	_____
Signature	Date	Daytime Telephone No.
_____	_____	_____
Division Manager Signature	Date	Daytime Telephone No.

THIS FORM TO BE FILLED IN AS COMPLETELY AS POSSIBLE AND DELIVERED TO RISK MANAGEMENT IMMEDIATELY, OR, IN ANY EVENT, NOT LATER THAN 5.00 PM ON THE FIRST BUSINESS DAY FOLLOWING THE INCIDENT. ***THIS FORM IS BEING COMPLETED IN ANTICIPATION OF LITIGATION INVOLVING THE CITY***.