

THE CITY OF LAKE FOREST INCIDENT REPORT

This form is to be used for:

- Losses under \$2,500 that do NOT involve a third party
- City property damage, under \$2,500, that is NOT private or third party property
- Personal injuries that do NOT require medical attention

The individual having responsibility for reporting the accident should complete the report **by the close of the work shift**. The completed form should be turned into your Department contact and forwarded to HR within 5 business days.

Costs associated with this claim will come from the Department/Section budget.

GENERAL INFORMATION			
NAME		DEPARTMENT/SECTION	EMPLOYEE STATUS <input type="checkbox"/> FULL <input type="checkbox"/> PART <input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER
DATE OF LOSS	TIME OF LOSS _____ A.M. _____ P.M.	LOCATION OF LOSS	ESTIMATE OF DAMAGE \$
STREET/SIDEWALK CONDITIONS <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> WET <input type="checkbox"/> SNOW/ICE		WEATHER CONDITIONS <input type="checkbox"/> CLEAR/CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER	TYPE OF INCIDENT <input type="checkbox"/> City Property <input type="checkbox"/> City Vehicle <input type="checkbox"/> Injury (no Medical Attention)

DESCRIPTION OF INCIDENT

VEHICLE/EQUIPMENT DAMAGE DESCRIPTION (IF APPLICABLE)		
VEHICLE/EQUIPMENT DAMAGED	LICENSE PLATE #	VIN NUMBER
YEAR	MAKE	MODEL

PROPERTY DAMAGE DESCRIPTION (NON-AUTO) (i.e. City fence, building, etc.)	
CITY PROPERTY DESCRIPTION	ADDRESS
DESCRIBE WHAT WAS DAMAGED	LOCATION OF DAMAGE

PERSONAL INJURY DESCRIPTION (NOT REQUIRING MEDICAL ATTENTION)	
PART OF THE BODY AFFECTED	DESCRIBE THE INJURY
OBJECT OR SUBSTANCE THAT DIRECTLY HARMED THE EMPLOYEE	WAS MEDICAL TREATMENT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO

WITNESS INFORMATION	
NAME	DEPARTMENT/SECTION
NAME	DEPARTMENT/SECTION

SUPERVISOR COMMENTS
Unsafe conditions (Describe any unsafe conditions or defects contributing to the incident)
Unsafe acts (Describe any unsafe acts or procedures contributing to the incident)
What precautions should have been taken to avoid incident? (if any)
Remedy (As a Supervisor, what action have you taken or do you propose taking to help prevent a similar incident?)
Was the member aware of any problems or conditions to the property prior to this incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, how, when and where was it made known?
Comments:
X _____ SUPERVISOR/ MANAGER SIGNATURE & DATE