

CITY OF SALEM INCIDENT REPORT

INSTRUCTION INFORMATION:

This form is to be used for reporting an incident involving the City of Salem. Please fill in ***all*** appropriate blanks and answer all questions ***completely***. Use the second sheet of paper to give any additional information you feel may be pertinent and attach any documentation (i.e. estimates, pictures) if applicable. This form may be printed off and mailed to the address listed below or submitted by email.

Mail the completed form and any other information to: CITY OF SALEM
 Risk Manager, Room 225
 555 Liberty Street SE # _____
 Salem, Oregon 97301-3503 FOR OFFICE USE ONLY

Date of Incident:	Time:	am <input type="checkbox"/> pm <input type="checkbox"/>
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Name of Injured Party and/or Owner of Damaged Property:

Address:	Telephone:
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Name of Reporting Person:

Address:

Telephone:	Home:	Between:	am/pm	am/pm
	Work:	Between:	am/pm	am/pm

Exact location of incident (**please be specific**):

Briefly describe exactly what happened:

To whom was incident reported?

Were Police or Fire Department called?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Police report number:
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Witness(s):

Items damaged and/or injuries and estimated dollar value:

Additional Information:
