

CITY OF MERIDEN INCIDENT REPORT

* See instructions on revers

A. GENERAL LOSS INFORMATION:

Department: _____ Contact Person: _____ Telephone: _____
Date of Loss: _____ Location and description of loss: _____

(Attach all official reports)

B. CITY VEHICLE LOSS INFORMATION:

Vehicle Year, Make and Model: _____ Vehicle Identification and
License Plate Number: _____
City Driver's Name and Address: _____

City Vehicle Damage: _____

C. NON-CITY VEHICLE LOSS INFORMATION:

Vehicle Year, Make and Model: _____ Vehicle Identification and
License Plate Number: _____
Driver's Name & Home Address: _____

Driver's Date of Birth: _____ Driver's License Number: _____
Vehicle Damage: _____

(Describe any previous damage noted)

D. CITY OR NON -CITY PROPERTY LOSS INFORMATION:

Describe Property (example: bldg. location, contents, type, model, etc) & Damage: _____

E. NON-CITY PERSONAL LOSS INFORMATION:

Name and Address: _____

If Minor -- Parent or Guardian: _____ Date Notified: _____

Activity or Event Resulting in Injury: _____

Extent of Injury and Medical Treatment Given: _____

F. WITNESSES: (Names and Addresses)

Reporter: _____

Date: _____