

UNUSUAL INCIDENT REPORT

(Completed at the time of incident)

Property: _____

Street: _____

City: _____ State: _____ Zip: _____

DATE: _____

NATURE OF REPORT: _____

TIME INCIDENT OCCURRED: _____ TIME REPORT WRITTEN: _____

LOCATION OF INCIDENT: _____

WITNESS NAME

DEPARTMENT

ADDRESS

GIVE DETAILS AS TO: (1) WHAT HAPPENED? (2) TO WHOM OR TO WHAT DID IT HAPPEN? (3) HOW IT HAPPENED. (4) WHY IT HAPPENED. (5) WHAT DID YOU DO? (6) TO WHOM DID YOU REPORT IT?

SIGNATURE OF CLAIMANT _____

SIGNATURE OF WITNESS _____

BUILDING PERSONNEL SIGNATURE _____