



City of Berkeley

Incident Report

CONTACT INFORMATION OF INJURED/PROPERTY DAMAGE				
Last name:		First name:		Report Date:
Street Address:			Telephone:	
City:		State:		ZIP:
FACTS ABOUT THE INCIDENT				
Location where incident occurred:				
Date of incident:			Time of incident:	
Describe the incident in detail (what, when, where, how activity occurred). Include additional sheets if necessary				
Witness(es)				
Name	Address		Telephone	
Documentation				
Police/Fire/Ambulance Report Filed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photos of Accident Scene?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of person making report:				Date:
Signature of person receiving report:				Date: