

CITY OF CHICO**REPORT OF ACCIDENT, THEFT, DAMAGE OR LOSS INVOLVING CITY PROPERTY OR LIABILITY****SECTION I. DATE AND PERSONS INVOLVED**

Type of Report: <input type="checkbox"/> Accident <input type="checkbox"/> Theft <input type="checkbox"/> Damage <input type="checkbox"/> Loss	Date of Incident/Loss:	Time:
---	------------------------	-------

Report Category: <input type="checkbox"/> City Property Damage <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> City Tree <input type="checkbox"/> Personal Injury <input type="checkbox"/> City Keys/Uniform/Gear <input type="checkbox"/> Police Action Property Damage <input type="checkbox"/> Other:
--

Persons Involved	Name:	Address:	Phone:
	Name:	Address:	Phone:
Witnesses	Name:	Address:	Phone:
	Name:	Address:	Phone:

SECTION II. DESCRIPTION

Location of Incident:	Injuries Sustained: <input type="checkbox"/> No <input type="checkbox"/> Yes
-----------------------	---

Detailed Description of Incident, Damage, and Injuries:

SECTION III. VEHICLE INFORMATION

VEHICLE NO. ONE	Driver Name:		Address:		Phone:	
	Driver License #:	Driver License State:	Vehicle Make/Model:		Vehicle Year:	Vehicle License Plate #:
	Registered Owner Name:			Registered Owner Address:		
	Insurance Company:			Insurance Policy #:		
VEHICLE NO. TWO	Driver Name:		Address:		Phone:	
	Driver License #:	Driver License State:	Vehicle Make/Model:		Vehicle Year:	Vehicle License Plate #:
	Registered Owner Name:			Registered Owner Address:		
	Insurance Company:			Insurance Policy #:		

SECTION IV. REPORTING AND ACTION INFORMATION

Report Completed By:	Job Title:	Department:	Date:
Action Taken:			
Action Taken By:	Job Title:	Date:	Supervisor Signature: