



Mid-Region Council of Governments Incident/Property Damage Report Form

Date of Report _____

1. Reported By (Staff) _____ or Visitor _____
Department _____ Phone _____
2. Date of Incident _____ Time of Incident a.m. _____ p.m. _____
3. Police Notified Yes _____ No _____ Fire Dept Notified Yes _____ No _____ Ambulance Yes _____ No _____
Case # _____

Incident Report

4. _____ Injury to Person
5. _____ Damage to Property
6. _____ Other

Describe _____

7. Name of Person Reporting _____ Phone _____
8. Department _____
9. Briefly Describe What Happened

10. Did person indicate intent to file a claim against agency? Yes _____ No _____

11. Witnesses:

Name _____ Dept. _____ Phone _____
Name _____ Dept. _____ Phone _____
Name _____ Dept. _____ Phone _____

12. Additional Information on Back
13. Return Completed Form to Facility/Maintenance Manager
14. MRCOG vehicle accidents: contact MRCOG Finance Manager to complete City of Albuquerque Accident form.