



# CITIZEN INJURY/PROPERTY DAMAGE REPORT

Return this report to Risk Management within one business day of the first notice of loss. This report is for information only and does not constitute legal notice of claim.

## CITIZEN INFORMATION

Name of Injured Party or Owner of Property Damaged \_\_\_\_\_  
If a Minor, List Parent/Guardian \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Marital Status if Known \_\_\_\_\_ Married \_\_\_\_\_ Not Married

## INJURY/DAMAGE

Date of Injury/Damage \_\_\_\_\_ Time \_\_\_\_\_ Address Where Public Injury or Damaged Occurred \_\_\_\_\_  
\_\_\_\_\_ Specific Location at Address \_\_\_\_\_  
Reported by Whom? \_\_\_\_\_  
Describe Incident & Resulting Injury or Damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL CARE/CONTACTS

What First Aid/Care Was Given? \_\_\_\_\_  
By Whom? \_\_\_\_\_ Was Ambulance Called? \_\_\_\_\_ By Whom? \_\_\_\_\_  
Did Injured Party Seek Medical Attention? \_\_\_\_\_ Where? \_\_\_\_\_  
If Follow Up Contact Was Made, By Whom? \_\_\_\_\_ Comments \_\_\_\_\_  
\_\_\_\_\_

## WITNESSES

Name, Address, Phone # \_\_\_\_\_  
Name, Address, Phone # \_\_\_\_\_

## PREPARED BY

Department \_\_\_\_\_ Date Prepared \_\_\_\_\_  
Employee Name \_\_\_\_\_ Supervisor \_\_\_\_\_

E-mail this completed form along with all photographs, witness statements, and any additional information to [djenkins@kannapolisnc.gov](mailto:djenkins@kannapolisnc.gov) within 24 hours of the incident.

## FOR RISK MANAGEMENT USE ONLY

Date Received \_\_\_\_\_ Date Claim Filed \_\_\_\_\_ Claim # \_\_\_\_\_