# ALEXANDER COUNTY
## INCIDENT REPORT – PROPERTY DAMAGE

**Instructions: Use this form to report damage to property, including County vehicles.**
**Reports must be submitted to Risk Management within 24 hours.**

| **Date / Location of Accident / Incident** | | |
|---|---|---|
| Date / Time am/pm of Accident/Incident<br>Date: Time: | Date / Time am/pm Reported to Risk Mgt<br>Date: Time: | Accident/Incident Address: |
| **Accident / Incident Information** | | |
| Type of Property Damaged: | | |
| Nature of Loss/Damage: | | |
| Description of Incident: | | |
| Law Enforcement Agency:<br>Citation Issued: ☐ Yes ☐ No | | Estimated Cost of Damage: |
| **Employee Details** | | |
| Employee Name:<br>Employee #:<br>Department / Division:<br>Work Phone #:<br>Permission to Drive: ☐ Yes ☐ No | | Injury to Driver: ☐ Yes ☐ No<br>Transported by EMS: ☐ Yes ☐ No<br>Passengers: ☐ Yes ☐ No<br>If so, how many:<br>Injury to Passenger(s): ☐ Yes ☐ No<br>Transported by EMS: ☐ Yes ☐ No |
| **County Vehicle Details** | | |
| Vehicle Year / Make / Model: | VIN #:<br>Tag #: | |

| Other Driver and Vehicle Details if applicable | |
|---|---|
| Driver Name:<br>Phone #:<br>Vehicle Year / Make / Model: | Injury to Driver: ☐ Yes ☐ No<br>Transported by EMS: ☐ Yes ☐ No<br>Passengers: ☐ Yes ☐ No<br>If so, how many:<br>Injury to Passenger(s): ☐ Yes ☐ No<br>Transported by EMS: ☐ Yes ☐ No |

| Report Completed By | |
|---|---|
| Employee Name:<br>Email Address: | Phone Number: |