

(Insert City Name)

**Supervisor Incident Investigation Form
General Liability (GL) Property Claim**

Supervisor/Employee Involved to Complete

Date of Accident: _____ Time of Accident: _____ A.M. / P.M.

Address/Location _____ of _____ Incident:

Was a City employee(s) involved in incident? Yes / No

If Yes, List Name of Individual(s) Involved:

Was a Supervisor at the Scene? Yes/No If Yes, List Name:

List property that was damaged:

Property Owner's Name:

Property Owner's Address:

Property Owner's Phone #(s): Day: _____ Night:

Briefly describe the incident that resulted in property damage:

(Use Back of Sheet If Necessary)

Did employee involved do everything within reason to prevent the Incident? Yes / No

Explain:

Provide an estimate of damages incurred: \$ _____

Was employee injured as a result of the accident? Yes / No.

If Yes, Complete the Employee/Supervisor's Injury/Incident Investigation Form

Report Completed By (Print Name)
Date

Report Completed By (Signature)

