City of Hartford Property Damage / Job-Related Incident Report

Employee:	Today's Date:	
Incident OCCURED On:	At:	AM or P
Police Report Filed? YES or N	NO With? City Police Dept	/ Sheriff's Dept
Location of Incident (Be SPECIFIC -	Include Cross Streets, Worksite, Locatio	n Details.)
Location(s):	Unit/Vehicle #:	
	Injuries? YES or NO	
	Title:	
Describe Area(s) Damaged:		
Describe the incident in FULL DETAIL traveled, and any reasons for which the	. Include location on the road and/or worksit e incident may have occurred:	te, direction
	,	
Date: E	Employee Signature	
	Supervisor's Comments	
Observations and/or Possible Cause o	f the Incident:	
Preventive measures recommended to	prevent this type of incident in the future:	
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	Supervisor's Signaturety Manager's Comments	
Observations/Thoughts:	ty manager of comments	
Sections, moderne.		
Disciplinary Action Recommended:		
Date:	City Manager's Signature	
Cost/Estimate for Repair or Replace	ment:	