

CITIZEN INCIDENT REPORT

INCIDENT TYPE:

☐

AUTO/FLEET

☐

GENERAL LIABILITY

☐

PROPERTY

NAME OF INDIVIDUAL MAKING REPORT: _____

EMAIL ADDRESS: _____ PHONE NO.: _____

NYE COUNTY EMPLOYEE(S) INVOLVED: _____

DEPARTMENT: _____

WITNESSES: _____

DATE INCIDENT OCCURRED: _____ TIME INCIDENT OCCURRED: _____

DATE THE INCIDENT WAS REPORTED: _____

LOCATION OF INCIDENT: _____

DESCRIPTION OF INCIDENT (CONTINUE ON SECOND PAGE IF NECESSARY):

WAS THE INCIDENT PREVENTABLE? YES ☐ NO ☐

EQUIPMENT OR SUBSTANCE INVOLVED: _____

FOR EMPLOYEES INVOLVED MENTIONED ABOVE, LIST NAME, DEPARTMENT, EMAIL & PHONE:

FOR WITNESSES MENTIONED ABOVE, LIST NAME, EMAIL & PHONE:

DESCRIPTION OF INCIDENT (CONTINUED):

SIGNATURE: _____ DATE: _____