

## **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:

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DESCRIPTION OF INCIDENT (CONTINUED):

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Completed incident report with any photographs or other attachments can be emailed to  
[incidentreporting@nyecountynv.gov](mailto:incidentreporting@nyecountynv.gov) or mailed to Nye County Human Resources, 1981 E.  
Calvada Blvd, Suite 120, Pahrump, NV 89048.*