

Citizen Accident and Property Damage Report Form

Instructions: Please fill out this form completely and legibly. This form is designed for physical printing and manual submission. Do not leave required fields blank.

1. Reporter Information

Full Name: Date of Report:

Street Address: Phone Number:

City, State, Zip: Email Address:

2. Incident Details

Date of Incident: Time of Incident:

Exact Location of Incident:

Weather Conditions: Road Conditions:

3. Description of Incident and Damage

Describe how the accident/damage occurred (attach extra sheets if necessary):

Describe the specific property damage sustained:

Estimated Cost of Damage (if known):

4. Property Owner Information (if different from Reporter)

Owner Name: Phone Number:

Owner Address:

5. Witness Information (if applicable)

Witness 1 Name: Witness 1 Phone:

Witness 2 Name: Witness 2 Phone:

6. Signature and Acknowledgment

By signing below, I certify that the information provided in this report is true and accurate to the best of my knowledge.

Signature of Reporter: Date Signed: