

City of Laredo Incident Report

Date _____ and Time _____
of Occurrence

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of Report

Type of Incident _____

Location of Occurrence _____

Reporting Person: _____

Name of Site _____

Person(s) Involved: Citizen (C), Employee (E), Witness (W)

Name of Person	C, E, W	Address (Residence/Business)	Phone

Details of Incident: (Use additional forms if needed)

Signature of Reporting Person: _____

Date: _____

Notifications: (Check if Notified)

- POLICE
 FIRE DEPARTMENT
 EMS
 RISK MANAGEMENT
 DIRECTOR OR DESIGNEE

Signature of Director or Designee _____

Date: _____

Send original form to Risk Management and maintain a copy for department and/or division records.