



**Delta City**  
76 N 200 W  
Delta, UT 84624  
435-864-2759  
[www.delta.utah.gov](http://www.delta.utah.gov)

# INCIDENT REPORT

## DEPARTMENT

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## INCIDENT INFORMATION

Nature of Incident: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Weather Conditions: \_\_\_\_\_  
Detailed Description: \_\_\_\_\_

## WITNESS INFORMATION

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PERSONAL INJURY

Personal Injury:  Yes  No  
Injured Name: \_\_\_\_\_  
Injury Type: \_\_\_\_\_  
Does injury require hospital/physician:  Yes  No  
Hospital/Physician Name: \_\_\_\_\_

## PROPERTY DAMAGE

Property Damage:  Yes  No  
Property Description: \_\_\_\_\_  
Detailed Description: \_\_\_\_\_

Damage Estimate: \$ \_\_\_\_\_  
Does the damage require a repair shop:  Yes  No  
Repair shop name: \_\_\_\_\_

## INSURANCE INFORMATION

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Claim Number: \_\_\_\_\_

## LAW ENFORCEMENT REPORTING INFORMATION

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Report Number: \_\_\_\_\_

\*Please attach any photos, drawings, claims, notes etc. related to the incident.