



CITY OF SARATOGA SPRINGS, NY 2020 INCIDENT REPORT

Date of Occurrence:	Time of Occurrence:	Date Reported:	Time Reported:
Employee's Completing This Form:			
Employee's Contact No.:			
Specific Location of Incident:			
Condition of Area Where Incident Occurred:			
Weather Conditions as Applicable:			
Character of Case: <input type="radio"/> INCIDENT <input type="radio"/> PROPERTY DAMAGE <input type="radio"/> COMPLAINANT PROPERTY DAMAGE <input type="radio"/> THEFT			
Description of Incident/Damage/Issue:			
Complainant Injury/Damage/Issue:			
Complainant Name:		Complainant Telephone No.:	
Complainant Address:			
Witnesses' Names/Addresses/Telephone Numbers:			
City Property Damage:			
Employee Statement: (Briefly describe the nature of the accident and the circumstances that resulted in damage to Private or City owned property.)			
Supervisor's Statement:			
Police Report Filed:		Date:	Case No.:
Employee Signature/Date:			
Supervisor's Signature/Date:			