

INCIDENT REPORT-PUBLIC

Mail to: Park City Recorder, P.O. Box 1480, Park City, Utah 84060-1480

Deliver to: Park City Recorder, 445 Marsac Avenue, Park City, Utah
(435) 615-5007 / Fax (435) 615-4901



(Note: Filing this incident report does not satisfy the Notice of Claim requirements under the Governmental Immunity Act of Utah.)

Name of Person Preparing Report:

(Print Name) _____

Address _____

Mailing Address (if different): _____

Phone: (home/cell)(_____) - _____ (work)(_____) - _____ (fax)(_____) - _____

Email _____

Date and Time of Incident: _____ **Exact Location of Incident:** _____

INCIDENT DESCRIPTION

Did a law enforcement agency investigate? _____ If yes, list agency _____

Was a Park City employee involved? _____ If yes, list name(s) _____

Please attach photos.

D A M A G E S

Please list personal property damages and/or injuries: (Please attach estimates/receipts.)

Have you filed, or will a claim be filed for any portion of these damages with any other person or company? _____ If yes, list agency name and address _____

W I T N E S S

Witness Name _____ Address _____ Phone _____

Witness Name _____ Address _____ Phone _____

Please attach witness statements.

Signature: _____ **Date:** _____, 201__.

State of _____)

) ss.

County of _____)

_____, being first duly sworn on oath deposes and says he/she has read the foregoing Incident Report and that the same is true to his/her best information, knowledge, and belief.

Subscribed and sworn to before me this _____ day of _____, 201__.

Notary Public