**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.)

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### 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: ____________________________

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### 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.

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### DAMAGES

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 ________

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### WITNESS

<table>
<thead>
<tr>
<th>Witness Name</th>
<th>Address</th>
<th>Phone</th>
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Please attach witness statements.

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THE UNDERSIGNED HAS READ THE FOREGOING INCIDENT REPORT, FULLY UNDERSTANDS IT AND DECLARES UNDER CRIMINAL PENALTY OF THE STATE OF UTAH THAT THE FOREGOING IS TRUE AND CORRECT.

Executed this ______ day of ________________________, 20______.

Signature: ___________________________________________