

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.

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: _____