



## CITY OF GERING CUSTOMER/CITIZEN INCIDENT REPORT

**Please print and provide all the information requested on this form.**

Today's Date: \_\_\_\_\_ Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ a.m./p.m.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

City Department(s) involved: \_\_\_\_\_

Name of City employee, if known: \_\_\_\_\_

Did anyone witness the incident? \_\_\_\_\_ If so, provide name and contact information? \_\_\_\_\_

Narrative of what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was anyone injured? If so, explain and provide names and if treatment was sought: \_\_\_\_\_  
\_\_\_\_\_

Estimated amount of damages: \$ \_\_\_\_\_ (attach estimates & photos)

Were the Police or other emergency services called? \_\_\_\_\_ **If Police were called, please provide a copy of the Police Report.**

Does the consumer have insurance? \_\_\_\_\_ What kind? \_\_\_\_\_

Insurance company information: (Name, Policy Number, Agent, Etc.) \_\_\_\_\_  
\_\_\_\_\_

Signature of citizen completing this form: \_\_\_\_\_ Printed name: \_\_\_\_\_

Name of City staff taking report information: \_\_\_\_\_

Received date: \_\_\_\_\_