

City of Bangor Incident Report



CITY OF
BANGOR

Name of Claimant:		Date of Claim Filed: mm dd yyyy	
Address:		City:	State:
Phone Number:		Zip Code:	
Date of Incident: mm dd yyyy		Type of Incident (check all that apply):	
Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Vehicle Accident/Damage <input type="checkbox"/> Pothole Claim <input type="checkbox"/> Property Damage <input type="checkbox"/> 3 rd Party Injury <input type="checkbox"/> Sewer Back-up <input type="checkbox"/> Environmental <input type="checkbox"/> Other: _____	
Location of Incident:			
Description of the Incident (Include City Vehicle or Equipment Number):			
Vehicle Information:			
Year	Make	Model	
Included with the Report:		<input type="checkbox"/> Police Report <input type="checkbox"/> Photos / Video	
<input type="checkbox"/> Medical Records / Bills		<input type="checkbox"/> Estimate / Receipts <input type="checkbox"/> Other: _____	
City of Bangor's Response:			
Prepared By:		Today's Date:	