

**UNUSUAL INCIDENT REPORT**

(Completed at the time of incident)

Property: \_\_\_\_\_

Street: \_\_\_\_\_

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

DATE: \_\_\_\_\_

NATURE OF REPORT: \_\_\_\_\_

TIME INCIDENT OCCURRED: \_\_\_\_\_ TIME REPORT WRITTEN: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WITNESS NAME

DEPARTMENT

ADDRESS

GIVE DETAILS AS TO: (1) WHAT HAPPENED? (2) TO WHOM OR TO WHAT DID IT HAPPEN? (3) HOW IT HAPPENED. (4) WHY IT HAPPENED. (5) WHAT DID YOU DO? (6) TO WHOM DID YOU REPORT IT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF CLAIMANT \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_

BUILDING PERSONNEL SIGNATURE \_\_\_\_\_

Original to Main Office, Copy to Claimant