



## CITY OF BERKLEY MICHIGAN EMPLOYEE INCIDENT REPORT

CONTACT INFORMATION OF INJURED/PROPERTY DAMAGE			
Last name:	First Name:	Report Date:	
Street Address:		Telephone:	
City:	State:	ZIP:	
FACTS ABOUT THE INCIDENT			
Location where incident occurred:			
Date of incident:		Time of incident:	
Describe the incident in detail (what, when, where, how activity occurred). Include additional sheets if necessary			
<b>Witness(es)</b>			
<b>Name</b>	<b>Address</b>	<b>Telephone</b>	
<b>Documentation</b>			
Police/Fire/Ambulance Report Filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Photos of Accident Scene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Signature of person making report:			Date:
Signature of person receiving report:			Date: