



WEBB COUNTY
INCIDENT REPORT

WEBB COUNTY

This Incident resulted in:
 BODILY INJURY
 PROPERTY DAMAGE
 THEFT

PLEASE PROVIDE INFORMATION TO:

NAME: WEBB COUNTY RISK MANAGEMENT

PHONE: 956-523-4143

ADDRESS:

INCIDENT

DATE OF LOSS:	TIME OF LOSS:	LOCATION OF LOSS:	CITY:	STATE:	ZIP CODE:
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OFFICIALS CALLED TO SCENE: YES NO IF SO IDENTIFY:

POLICE FIRE DEPT. AMBULANCE SHERIFF CONSTABLE

CASE NUMBER: _____

PROPERTY DAMAGE THEFT

CLAIMANT:	ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE NUMBER:
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DESCRIBED PROPERTY DAMAGE:	LOCATION OF PROPERTY:	CITY:	EXTENT OF DAMAGE:
		STATE: Texas	ARE REPAIRS NEEDED <input type="checkbox"/> Yes <input type="checkbox"/> No

CLAIMANT (BODILY INJURY)

NAME OF INJURED:	ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE:
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PHYSICAL DESCRIPTION OF INJURY: (i.e. cut finger, twisted ankle, etc.)

DESCRIPTION OF LOSS or DETAILS OF INCIDENT THAT OCCURRED (ADD A PAGE IF ADDITIONAL SPACE IS NEEDED). IF A COUNTY VEHICLE IS INVOLVED PLEASE STATE UNIT # AND LICESE PLATE NUMBER AND/OR VIN #::

WITNESS

NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE NUMBER
NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE NUMBER

IMPORTANT: HAS ACCIDENT BEEN REPORTED TO RISK MANAGEMENT YES NO

NAME OF DEPARTMENT: _____ UNIT # _____

NAME OF EMPLOYEE INVOLVED: _____ PHONE: _____

ADDRESS: _____ DATE OF REPORT: _____

PRINT NAME OF SUPERVISOR:

SUPERVISOR'S CONTACT NUMBER:

SIGNATURE OF SUPERVISOR :