PD Case #:

CITY OF CHICO REPORT OF ACCIDENT, THEFT, DAMAGE OR LOSS INVOLVING CITY PROPERTY SECTION I. DATE AND PERSONS INVOLVED Type of Report: Date of Incident/Loss: ☐ Accident ☐ Theft ☐ Damage ☐ Loss Report Category: ☐ City Property Damage ☐ Vehicle Accident ☐ City Tree ☐ Personal Injury ☐ City Keys/Uniform/Gear ☐ Police Action Property Damage ☐ Other: Address: Phone: Persons Involved Name: Phone: Address: Address: Phone: Name: Witnesses Address: Name: Phone: SECTION II. DESCRIPTION Location of Incident: Injuries Sustained: □ No □ Yes Detailed Description of Incident, Damage, and Injuries: SECTION III. VEHICLE INFORMATION Driver Name: Phone: Address: ë Driver License State: Vehicle Make/Model: Driver License #: Vehicle Year: Vehicle License Plate #: Registered Owner Address: Registered Owner Name: Insurance Company: Insurance Policy #: Phone: **Driver Name:** Address: VEHICLE NO. TWO Vehicle License Plate #: Driver License #: Driver License State: Vehicle Make/Model: Vehicle Year: Registered Owner Name: Registered Owner Address: Insurance Company: Insurance Policy #: SECTION IV. REPORTING AND ACTION INFORMATION Report Completed By: Job Title: Date Department: Action Taken: Action Taken By: Job Title: Date: Supervisor Signature: Distribution: ☐ Risk Management (original) ☐ Public Works – O&M ☐ Public Works – Engineering ☐ Other:

RM: 08/2017