



INCIDENT/ACCIDENT REPORT

Reports should be completed at the time the incident occurred or was discovered and all information should be forwarded immediately to the City Clerk. Departments should initiate an investigation within 24 hours of all Non-liability incidents/accidents to be complete within 48 hours of the occurrence. Attach additional sheets if additional space is needed for a thorough and complete report.

Name(s) and Position of City Personnel Involved	Department	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name(s) of OTHERS involved	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Incident: _____ Time: _____

For employee injuries, please put down the time of day you started work: _____

Location: (be specific) _____

If a City Vehicle/Equipment was involved, please provide:

Asset # _____ Description: _____

Please provide a detailed step-by-step description of the incident:

For Non-liability issues only, please identify the immediate and basic causes:

What active measures, or assistance (if any) did City Employees take?

Reported by: _____ Date: _____



CITY COMMENT SUMMARY SHEET INVESTIGATION REPORT

Liability investigation reports should be returned within three (3) working days.
Non-liability investigation reports must be submitted within 48 hours of the
incident. Return to the City Clerk.

Today's Date: _____

Department: _____ Claimant Name: (If Applicable) _____

(Please attach additional sheets if additional space is needed for a complete report of the investigation)

Departmental Investigation

Comments:

Please provide an evaluation of severity potential and probable rate of recurrence:

Recommendations to prevent recurrence:

Signature: _____ Phone: _____ Date: _____

Title: _____ Dept.: _____

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Tumwater WA 98501

www.ci.tumwater.wa.us

Department Manager Review

Comments:

For Non-Liability Incidents

Was an accurate cause identified? _____ YES _____ NO

Were adequate corrective measures taken? _____ YES _____ NO

Signature: _____ Phone: _____ Date: _____

Title: _____ Dept.: _____

Department Director Review

Comments:

For Non-Liability Incidents

Was an accurate cause identified? _____ YES _____ NO

Were adequate corrective measures taken? _____ YES _____ NO

Signature: _____ Phone: _____ Date: _____

Title: _____ Dept.: _____