

# City & Borough of Wrangell

## Report of Incident

Complete and Fax to Finance Director  
Phone: 874-2381 Fax: 874-3952

Today's Date \_\_\_\_\_ Time \_\_\_\_\_ Date of Accident/Incident \_\_\_\_\_

Name of Employee completing this form \_\_\_\_\_ Dept \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Location of Accident \_\_\_\_\_

### Category of Incident-Answer Yes or No to all!

\_\_\_\_ Automobile Accident (Was driver of either vehicle cited? \_\_\_\_ Yes \_\_\_\_ No)

\_\_\_\_ Damage to Others' Property (Vehicle/building)

\_\_\_\_ Damage to City Property (Vehicle/building)

\_\_\_\_ Possible Injury to Person(s)

### Identify City Vehicle and Driver Below:

Driver: \_\_\_\_\_ Dept: \_\_\_\_\_ Vehicles: \_\_\_\_\_

Driver's Home Address and Telephone Number: \_\_\_\_\_

### Identify Other Vehicles and Drivers Below: (use additional forms if necessary)

Driver: \_\_\_\_\_ Vehicle: \_\_\_\_\_

Address and Telephone Number: \_\_\_\_\_

Type of Possible Injury that may be claimed (i.e., Auto and Property Damage, Personal Injury): \_\_\_\_\_

Description of Incident (fully describe what happened, draw a diagram, use reverse side if necessary):

### Other Non Motor Vehicle Accident Incident Information:

Name: \_\_\_\_\_

Address and Telephone Numbers: \_\_\_\_\_

Type of Possible Injury that may be Claimed (Personal Injury): \_\_\_\_\_

Description of Incident (fully describe what happened, draw a diagram, use reverse side necessary):

### Other Information:

Witnesses:

Name: \_\_\_\_\_ Address and Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

Reported to WPD: \_\_\_\_\_ Case No.: \_\_\_\_\_

Emailed to Insurer (date): \_\_\_\_\_ By: \_\_\_\_\_

ldavis@akpei.com (updated 04/20/2018 – supercedes any previous printings)