

**CITY OF MERIDEN INCIDENT REPORT**

**EB1-E(1)**

**A. GENERAL LOSS INFORMATION:**

Department: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Location and description of loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Attach all official reports)

**B. CITY VEHICLE LOSS INFORMATION:**

Vehicle Year, Make and Model: \_\_\_\_\_

Vehicle Identification and \_\_\_\_\_

License Plate Number: \_\_\_\_\_

City Driver's Name and Address: \_\_\_\_\_

City Vehicle Damage: \_\_\_\_\_

**C. NON-CITY VEHICLE LOSS INFORMATION:**

Vehicle Year, Make and Model: \_\_\_\_\_

Vehicle Identification and License Plate Number: \_\_\_\_\_

Driver's Name & Home Address: \_\_\_\_\_

\_\_\_\_\_

Driver's Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

\_\_\_\_\_

(Describe any previous damage noted)

**D. CITY OR NON -CITY PROPERTY LOSS INFORMATION:**

Describe Property (example: bldg. location, contents, type, model, etc) & Damage: \_\_\_\_\_

\_\_\_\_\_

**E. NON-CITY PERSONAL LOSS INFORMATION:**

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

If Minor – Parent or Guardian: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Activity or Event Resulting in Injury: \_\_\_\_\_

Extent of Injury and Medical Treatment Given: \_\_\_\_\_

\_\_\_\_\_

**F. WITNESSES: (Names and Addresses)** \_\_\_\_\_

\_\_\_\_\_

**Reporter:** \_\_\_\_\_

**Date:** \_\_\_\_\_