

# Incident Report

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**District Name:** \_\_\_\_\_

**General:**

This report is to be completed for all accidents involving your equipment, or the public when injured on your property or private property or damage to private property.

Name of Employee		Member Agency		Job Title	
Private Party Incident:		Property Damage:			
Injury	Non-Injury	Vehicle	Other		
Name of Party Involved/Injured			Insurance Carrier of Other Party		
Home Address of Other Party			Phone Number of Other Party		
Witnesses		Address		Phone	
Where Did The Incident Occur? (Address, City and County)					
Date and Time of Incident:			District Premises?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
What was the Nature of the Accident? (If additional space for report is needed please use the reverse side of this form)					

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date signed