



Finance Department

Citizen Incident Report Form

Citizen Information

First Name: _____ Last Name: _____
Birth Date: _____ Gender: _____ Phone Number: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

Incident Information

Date of Occurrence: _____ Time of Occurrence: _____
Location of Incident: _____ Phone Number: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

Did the citizen seek medical treatment?

Name of Medical Facility: _____ Phone Number: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

Description of the Incident:

Was the citizen injured? _____ Body part(s) affected: _____

Description of injuries:

Was there any property damage? _____ Approximate Cost: _____

Description of Damage:

Were there any witnesses? _____ If so, please list them below:

Name: _____ Phone Number: _____

Department: _____ Position Title: _____

Name: _____ Phone Number: _____

Department: _____ Position Title: _____

Name: _____ Phone Number: _____

Department: _____ Position Title: _____

Name: _____ Phone Number: _____

Department: _____ Position Title: _____



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E-mail this completed form along with all photographs, witness statements, and any additional information to fin_incident@onslowcountync.gov (and CC: hr_incident@onslowcountync.gov) within 24 hours of the incident.

Preparer's Name

Position Title

Preparer's Signature

Date

For Finance Use Only:

Date Received in Finance: _____

Date Claim Filed: _____

Claim Number: _____