



City of Lincoln
**Citizen Injury/Property
 Damage Report**
 [Do not use for City of Lincoln Property]

Return this report to Risk Management within one business day of the first notice of loss.

This report is for information only and does not constitute legal notice of claim.

CITIZEN INFORMATION

Name of Injury Party or Owner of Property Damaged _____

If a Minor, List Parent/Guardian _____ Age _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening _____ Marital Status If Known Married Not Married

INJURY/DAMAGE

Date of Injury/Damage _____ Time _____ AM PM

Address Where Public Injury or Damage Occurred _____

Specific Location at Address _____

Reported by Whom? Party Affected Employee/Staff _____ Other

Describe Incident & Resulting Injury or Damage _____

MEDICAL CARE/CONTACTS

What First Aid/Care Was Given? _____

Was Ambulance Called? Yes No By Whom? _____

Did Injured Party Seek Medical Attention? Yes No Where? _____

If Follow-Up Contact Made, By Whom? (Name) _____

Comments _____

WITNESSES

Give Name/s, Address/es & Phone Number/s _____

INVESTIGATING AGENCY

Lincoln Police Lincoln Fire/Rescue Other Agency _____ Date Reported _____

Case # _____ Investigating Officer _____

PREPARED BY:

Department/Division/Section _____ Date Prepared: _____

Employee _____ Phone _____

Supervisor _____ Phone _____

Risk Management, 555 S. 10th St., Suite 302, Lincoln, NE 68508
 Phone 402-441-7671, FAX 402-441-6800