



INDIVIDUAL INCIDENT REPORT

115 W. 3rd St., P.O. Box 929, Pecos, Texas 79772

(432)445-2421 Fax (432)445-6670

www.pecostx.gov

Instructions: Individuals and residents shall use this form to report all property damage, injuries, or "near miss" events. This helps us to identify and correct hazards before they cause serious injuries. Please complete this form as soon as possible and submit via email to claims@pecostx.gov or bring to City Hall.

Please fill out this form completely.

Date and Time:		
I am reporting <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss (Please check one)		
Your Name:		
Address:		
Phone Number:		Email:
Have you contacted the Town of Pecos City about the incident?		
Date of incident	Time of incident	
Names of witnesses (if any):		
Were you injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Property Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, whom did you see?		
Date:	Time:	
General Nature of Treatment:		
Please describe what happened with as much detail as possible (attach additional pages or photos)		
Please attach any professional estimates for repairs of property damage.		

Please sign only where appropriate and return to City Hall or email claims@pecostx.gov

Citizen Reporting Signature: _____ Date: _____

Employee Reporting Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Director Signature: _____ Date: _____

Internal Use Only:

Employee Receiving Form: _____ Date: _____

HR Signature: _____ Date: _____

Date Notified: