



CONFIDENTIAL NON-VEHICLE INCIDENT REPORT

RETURN TO CITY ATTORNEY/RISK MANAGEMENT WITHIN 24 HOURS

Statement of Confidentiality: This document is not a public record and should not be duplicated without the prior approval of the Risk Manager or the City Attorney. Originator may keep a copy. The purpose of this document is to forward information to the City Attorney's Office in preparation for litigation. All information is confidential.

GENERAL INFORMATION

POLICE REPORT NUMBER (required if non-city vehicle or property is involved): _____

NAME OF CITY EMPLOYEE _____ DEPT/ ACTIVITY _____ CITY VEHICLE # _____

DATE OF INCIDENT _____ TIME OF INCIDENT _____ WEATHER _____ LIGHTING _____

LOCATION _____

WERE PHOTOGRAPHS TAKENS? YES BY WHOM _____ NO

DID YOU HAND OUT A CLAIMS BUSINESS CARD? YES (Claimant needs to email claims@cityofsantacruz.com or call (831)420-5057) NO

NAMES OF OTHER INVOLVED PERSONS:

NAME	ADDRESS	PHONE	CITY EMPLOYEE?
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1. _____

2. _____

3. _____

(Attach additional pages if needed)

WITNESSES:

NAME	ADDRESS	PHONE	CITY EMPLOYEE?
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1. _____

2. _____

3. _____

(Attach additional pages if needed)

WHAT HAPPENED (Include description of actions of City employees; attach diagram and additional pages, if necessary):

WHAT CAUSED THE INCIDENT (List any unsafe acts and/or conditions which may have caused the incident):

DID ANYONE ADMIT FAULT OR STATE WHAT CAUSED THE INCIDENT? If so, state the person's name and address and what was said:

INJURIES: NO UNKNOWN YES (if 'yes' attach a separate page 2 for each injured person)

DATE CITY EMPLOYEE NAME (print) SUPERVISOR NAME (print)

DATE EMPLOYEE SIGNATURE SUPERVISOR SIGNATURE (if applicable) DEPARTMENT HEAD SIGNATURE

CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION
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LIABILITY

If injuries - sign page 2

INJURIES:

(Attach separate sheet for each injured person.)

NAME

ADDRESS

PHONE

AGE IF MINOR

1. _____

DESCRIBE TYPE AND EXTENT OF INJURY: (be specific)

PART OF BODY INJURED

- Ankle L R
 - Arm L R
 - Back
 - Chest
 - Ear L R
 - Elbow L R
 - Eye L R
 - Finger
 - Foot L R
 - Hand L R
 - Head
 - Knee L R
 - Leg L R
 - Mouth
 - Neck
 - Nose
 - Shoulder L R
 - Toe
 - Tooth
 - Wrist L R
- Other (specify): _____

DESCRIBE ANY FIRST AID PROVIDED AND STATE WHO GAVE AID:

PERSON SENT TO: HOSPITAL HOME OTHER

HOW (car, ambulance, etc.) _____

If injured person is a minor, were parents notified? NO YES By whom? _____

If incident occurred during the course of a City sponsored event or activity, state the name of the event or activity:

DATE CITY EMPLOYEE NAME (print) SUPERVISOR NAME (print)

DATE EMPLOYEE SIGNATURE SUPERVISOR SIGNATURE (if applicable) DEPARTMENT HEAD SIGNATURE

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