



**WHITELAND, IN**

549 E Main St - [www.townofwhiteland.com](http://www.townofwhiteland.com) - phone: 317.535.5531 - fax: 317.535.8724

## INCIDENT REPORT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Exact Location of Incident: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Brief Description and Who Was Involved: If you need additional space, please attach pages

\_\_\_\_\_  
\_\_\_\_\_

Were there any personal injuries?    Yes    or    No

If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Amount of loss and/or damages claimed:  
\_\_\_\_\_  
\_\_\_\_\_

Name(s), Age(s) & Address(es) of all persons involved:  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) & Address(es) of all known witnesses:  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_