CITY OF HAMPTON
Visitor/Citizen Incident Report
CIR FORM 3000

NOTE: PLEASE FORWARD REPORT IMMEDIATELY TO
RISK MANAGEMENT – 133 KINGS WAY, SUITE 102
HAMPTON, VA 23669
PHONE: 757-727-6617 FAX: 757-727-1470

Citizen

1. Name of Person (Last, First, Middle)	2. Address	3. Phone

Witness

4. Name of Person (Last, First, Middle)	5. Phone number	6. City Dept/Div

Incident Information

7. Type of Accident ☐ ☐ ☐ ☐

8. Time of accident	9. Date of accident	10. Location of accident
11. Time accident reported	12. Person to whom reported	13. Name of other witness
14. Property Involved (include serial or registration number)		15. Extent of damage and estimated cost
16. Injured Body Part (Please be specific)		17. Extent of damage

Nature and Cause of Accident

18. Please describe in detail how the incident, property damage, or injury occurred:

Recommendation to Prevent Recurrence

19. Please describe any recommendation or actions taken to prevent recurrence:

20. City Department Representative: (Signature)	21. Date:

Risk Management

22. Comments:

23. Risk Management Representative: (Signature)	24. Date: