



**CITY OF YPSILANTI  
INCIDENT REPORT FORM**

Name of Individual \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip

Social Security No. \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Date of Birth (*Complete only if under age 18*) \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident:

Street Address or City Facility \_\_\_\_\_

If in City park or open land, the exact location: \_\_\_\_\_

\_\_\_\_\_

Was a police report filed? \_\_\_\_\_ No. of report if filed \_\_\_\_\_

Did this incident result in an injury? \_\_\_\_\_

Nature of injury or damage \_\_\_\_\_

How did this injury occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses (List names and addresses) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If incident resulted in damage to a vehicle please attach at least two (2) estimates for repair.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date