



## City of Mt. Washington

311 Snapp Street

P.O. Box 285

Mt. Washington, KY 40047

Telephone: (502) 538-4216

# Incident Claim – Report of Incident

Please complete this form and email to [wblackburn@mtwky.org](mailto:wblackburn@mtwky.org)

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

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

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

Phone Number: \_\_\_\_\_

### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_

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

Time: \_\_\_\_\_

Summarize Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Report:  YES or  NO

Were pictures taken:  YES or  NO

Signature of Claimant \_\_\_\_\_

*The City of Mt. Washington will investigate the claim and follow up accordingly*