

City of Portage  
Accident Investigation Forms  
(Liability and Property Claims)

**Type of Claim:**

Bodily Injury                       Property Damage                       Property Loss

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM/PM

Date Accident Reported: \_\_\_\_\_ To Whom Reported: \_\_\_\_\_

Location (address) of Accident: \_\_\_\_\_

Owner of Premises Where Accident Occurred: \_\_\_\_\_

Occupant of Premises Where Accident Occurred: \_\_\_\_\_

Describe fully how accident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witnesses:**

| Name | Address | Phone Number |
|------|---------|--------------|
| (1)  |         |              |
| (2)  |         |              |
| (3)  |         |              |

**Injured Person:**

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

Nature of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attended by: \_\_\_\_\_

**Property Damage:**

Name of Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Nature of Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost of Repair: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Person Submitting Report: \_\_\_\_\_ Date: \_\_\_\_\_

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