



St. Johns County Citizen Incident Report

This form is to be completed by the employee on site and retained in your department files until a claim is filed using the Citizen Claim Form; at which time it should be forwarded to the Risk Management Department immediately.

Name _____ Age _____ Sex: M F
Address _____ City _____ State _____
Phone _____

Parent or Guardian Contact Info:

Name _____ Age _____ Sex: M F
Address _____ City _____ State _____
Phone _____

Details of the Incident:

Date: _____ Time: _____

Location/Address:

Specific Description of the exact location at this address (*i.e. sidewalk on east side of parking lot*):

Description of the Incident:

Staff Witnesses/Phone _____

Staff Witnesses/Phone _____

Other Witnesses/Phone _____

Other Witnesses/Phone _____

Police or Emergency Personnel: Y ___ N ___ Responding Agency & Case number _____