



Draper City Incident Report

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Incident: _____ Time of Incident: _____

Incident Location: _____

Briefly describe what happened: _____

List injuries and/or damages: _____

Witness: _____ Phone: _____

Witness: _____ Phone: _____

Signature