



9955 Live Oak Blvd., Live Oak, CA 95953
(530) 695-2112 • Fax (530) 695-2595

Incident/Accident Report

This report must be submitted to City Hall within 24 hours of the incident/accident.

Report Prepared By: _____ Date: _____

Signature: _____ Time: _____ am/pm

TYPE OF INCIDENT:

- ☐ Personal Injury ☐ Private Property Damage
☐ Public Property Damage ☐ Vandalism ☐ Theft
☐ Lost Item ☐ Lost Child ☐ Accidental Damage
☐ Other (Explain)

Describe briefly and factually what happened. *Do not* include assumptions or hearsay.

Did the incident create, or result in, a dangerous condition?

☐ Yes ☐ No

Is the condition a public health and safety threat?

☐ Yes ☐ No

If yes, have emergency response personnel been notified?

☐ Yes ☐ No

Identity of persons involved:

Name

Address

Telephone Number

Personal information on this form is collected under the authority of the City of Live Oak and will be used to facilitate the investigation of incidents/accidents arising in programs and/or at City facilities. Questions should be directed to City Hall, telephone (530) 695-2112.

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Emergency Response Staff or City Staff responding to the incident:

☐ Police ☐ Fire ☐ Public Works ☐ City Administration
☐ Other (explain)

Official's Name: _____ Badge No. _____

Police Occurrence Number: _____

If one or more minors are involved:

Parent/Guardian Contacted? ☐ Yes ☐ No If Yes, Time: _____ am/pm

Name of Parent/Guardian: _____

Parent/Guardian Telephone: Home _____ Work: _____

City Administration notified? ☐ Yes ☐ No If Yes, Time: _____ am/pm

Name of person contacted: _____

Were photographs taken? ☐ Yes ☐ No

If Yes, by whom? _____

Diagram or illustration: