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**Incident Report**

(***Not*** for vehicle incidents)

Name of District**:** Click or tap here to enter text.

Employee Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Date of Incident: Click or tap here to enter text. Time of Incident: Click or tap here to enter text.

Location of Incident: Click or tap here to enter text.

To Whom Reported: Click or tap here to enter text. Title: Click or tap here to enter text.

Type of incident Sewer  Water  District Property  Other

Name, Address & Phone Number of Claimant(s) and/or Witnesses:

Summary of What Happened:

Your Signature Click or tap here to enter text. Date Click or tap here to enter text.

***Within 24 hours of incident, email or mail one copy of this report to:***

**Water & Sewer Risk Management Pool**

**40 Lake Bellevue Dr, Suite 220**

**Bellevue, WA 98005**

**O: (425) 452-9750**

**jasonb@wsrmp.org**