



# WATER & SEWER RISK MANAGEMENT POOL

## Incident Report

(*Not* for vehicle incidents)

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Name of District \_\_\_\_\_

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

To Whom Reported \_\_\_\_\_ Title \_\_\_\_\_

Type of incident    Sewer     Water     District Property     Other

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

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Summary of What Happened \_\_\_\_\_

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Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Water & Sewer Risk Management Pool**

**~~1750 112<sup>th</sup> Avenue NE~~**

**~~Bellevue, WA 98004~~**

**(425) 452-9750**

**Fax: (425) 452-9740**