



411 SW 9th Street
Redmond, OR 97756

CITY OF REDMOND INCIDENT REPORT

PLEASE PRINT CLEARLY

CLAIMANT INFO

Claimant Name

Primary Phone

Secondary Phone

Claimant Address

Claimant Email Address

INCIDENT INFO

Date of Incident

Location of Incident

Date Reported to City of Redmond

Person Reported to

Description of Property Damaged / Injured Person

Was medical attention sought? Yes No

Description of Incident: _____

Witnesses (include contact information): _____

Why do you feel the City of Redmond is responsible for this incident? _____

Signed

Date

Please return this form to the City of Redmond Risk Management Department
City of Redmond, City Hall
411 SW 9th Street
Redmond, OR 97756
Phone: 541-504-3041 Fax: 541-923-7736
Email: riskmanagement@ci.redmond.or.us