

WASHINGTON COUNTY BOARD OF COUNTY COMMISSIONERS

Citizens Incident Report

Fill Out Page 1 – Please Print

Information About You

Name _____ Age _____ Sex _____

Address _____ City _____ State _____

Phone _____

Parent or Guardian Contact Info

Name _____ Age _____ Sex _____

Address _____ City _____ State _____

Phone _____

Details of the Incident

Date _____ Time _____

Specific Location / Address

Specific Description of the exact location at this address (i.e. sidewalk on east side of parking lot)

Written description of the incident (in your own words)

Florida Statute 837.06 - False official statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Sign _____

Date signed _____

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Employee's statement of the event, name and work phone number

Employee's statement of the event, name and work phone number

Police or Emergency Personnel Responded Yes No

Responding Agency & Case number _____

Attach the following documents, if relevant and available

- Photos
- Quote/estimate/medical bills/repair receipt
- Maintenance records/work orders on incident location
- Signed waivers
- Pictures of posted warning signs
- Description of conditions at the time of the event

Other information you may think is helpful. Please fill this out today while your memory of the event is fresh! It's better to have an event documented and never need it, then to need it and not have it.

Submitting This Form

Forms may be emailed to: wwhite@washingtonfl.com or jdellwo@washingtonfl.com

Faxed to (850) 415-5152

or mailed to: Human Resources, Washington County BOCC

1331 South Bld., Chipley, FL 32428