

## Clayton County Water Authority Risk Management Section

1600 Battle Creek Road Morrow, GA 30260 Phone: 770-960-5239 RiskManagement@ccwa.us

## **INCIDENT FORM**

Date of Incident:	Today's Date:
Your Name:	
Address:	
City:	State: Zip:
Telephone: (Home)	(Cell)
Did you file a police report? $\square$ Yes $\square$ No	
Police Department:	Report Number:
Incident Location:	
(If the exact address is not ki	nown, please provide cross streets and/or landmarks)
City:	Zip:
PROPERTY DAMAGE:	
(If Appl	icable)
Description/ Type of Damage:	
(If damaged property is a vehicle, please provide year, make, and model below)	
Vehicle: Year Make	Model
Amount of Damages:  (If possible, please provide proof of damages such as pho	tos and the estimates/invoices for renair or replacement)
Owner of Demograd Property if differents	
Owner's Doutine Phone Number	
Owner's Daytime Frione Number.	
<u>PERSONA</u> (If Appl	
Was anyone injured? $\square$ Yes $\square$ No If yes, a	nswer the following:
Address:	
City:	State: Zip:
Daytime Phone Number:	Date of Birth:

Describe injuries:	
Was medical treatment provided? $\square$ Yes $\square$ No	
If so, name of provider:	
Describe in your own words below how the incident occurred:	
Statement of Incident:	
(If damaged property is a vehicle, please provide year, make, and model below)	
<u>WITNESS</u>	
Were there any witnesses? $\square$ Yes $\square$ No $\square$ If so, please complete below:	
Witness Name:	
Witness Daytime Phone Number:	
Additional Comments:	
Please submit form to <u>riskmanagement@ccwa.us</u>	
Signature: Date:	

By signing above I acknowledge that the facts stated in this claim form are true and correct to the best of my knowledge. I further understand that Clayton County Water Authority, a political subdivision of the State of Georgia, has not accepted liability nor denied liability in any incident until an investigation is completed. Upon receipt of your completed incident form an investigation will be conducted. You will be notified in writing of our decision.