



City of NAPOLEON, Ohio
CITIZEN INCIDENT

NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

INCIDENT

Date of Incident: _____ Time: _____ Incident Reporting Date: _____

Incident Location or Address: _____

Description of Incident, in detail: _____

CLAIMANT CONTACT WITH CITY DEPARTMENTS AND OTHER AGENCIES OR BUSINESSES

Authorities Contacted/Responded: Police Department Operations Dept. Other: _____

Cleaning Services used (if any): _____
(attach copy of bill for cleaning services used)

Repair Services used (if any): _____
(attach copy of bill for services used)

LOSS REPORT COMPLETED BY:

Print Name

Signature

Date Filed with the City: _____

Attach photos of the incident.