

EL PASO COUNTY
GENERAL LIABILITY/PROPERTY INCIDENT REPORT

**INCIDENT MUST BE PHONED IN WITHIN 24 HOURS
TO THE DEPARTMENT OF
HUMAN RESOURCES
REPORT MUST BE MADE WITHIN 48 HOURS**

CAUSE: _____ **DATE:** _____

_____ **INCIDENT/INJURY**

_____ **COUNTY PROPERTY LOSS/DAMAGE**

_____ **VANDALISM**

_____ **OTHER**

THE FOLLOWING INCIDENT OCCURRED AT _____
AT APPROXIMATELY _____ **(AM/PM)**
DATE: _____ **DETAILS AS FOLLOWS:**

| PERSONS INVOLVED: NAME | ADDRESS | PHONE# |
|-------------------------------|----------------|---------------|
|-------------------------------|----------------|---------------|

| PREPARED BY: (SIGNATURE) | (PRINT NAME) | PHONE# |
|---------------------------------|---------------------|---------------|
|---------------------------------|---------------------|---------------|

**ATTACHED ARE THE FOLLOWING (IF INJURY OR PROPERTY DAMAGES
PLEASE ATTACH PHOTOS, POLICE AND OR FIRE MARSHALL'S REPORT)**

CHECK ATTACHMENT TO THIS REPORT:

| | | | |
|-------------------------|----------------------------------|---------------------|--------------------|
| _____ Police Rpt | _____ Fire Marshall's Rpt | _____ Photos | _____ Other |
|-------------------------|----------------------------------|---------------------|--------------------|