

**FERRY COUNTY**  
**INCIDENT/CLAIM REPORT**  
*PLEASE TYPE OR PRINT*

**CLAIMANT/PERSON INVOLVED**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ OTHER: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET OR BOX # \_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP

DATE OF INCIDENT \_\_\_\_\_ TIME OF INCIDENT \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_

**DESCRIPTION OF INCIDENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESSES:**

NAME _____	PHONE _____
NAME _____	PHONE _____
NAME _____	PHONE _____
NAME _____	PHONE _____

