GENERAL PUBLIC INCIDENT REPORT (NON-EMPLOYEE)

NAME:				
ADDRESS:				
STREET		CITY	STATE	ZIP
PHONE: ()	EMAIL:			
DATE AND TIME OF INCIDENT: _				
LOCATION OF INCIDENT:				
DESCRIPTION OF WHAT HAPPENI	ED:			
WERE THERE ANY WITNESSES TO		YES NO		
WITNESS CONTACT INFORMATIC	ON:			
NAME:	PHONE: ()	EMAIL: _		
NAME:	PHONE: ()	EMAIL: _		
PERSON COMPLETING REPORT:				
Signature	Name (Printe	ed)	Date	

Please return completed form: Sangamon County Auditor's Office 200 S. Ninth Street

200 S. Ninth Street Springfield, IL 62701