

**Ketchikan Gateway Borough  
Incident Report – Public**

**Complete and Send To:  
Finance Department  
Ketchikan Gateway Borough  
1900 First Avenue Suite 118  
Ketchikan, Alaska 99901  
Phone: 907-228-6614  
Fax: 907-228-6698**

1. Report Date: \_\_\_\_\_

2. Incident Date: \_\_\_\_\_

3. Time: \_\_\_\_\_ am/pm

4. Location of Incident:

\_\_\_\_\_

5. Name of Injured Person: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

6. Treatment Given:

(Circle) First Aid, Medical Treatment, Hospital Visit, Hospital Stay, or None

7. Nature of Illness or Injury:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Property Damage or Loss Involving the Public***

8. Claimant/ Property Owner: (Name, address, phone, driver's license, insurance information, etc.)

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Description of property lost or damaged:**

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**10. Estimate of Cost:** \_\_\_\_\_

**11. Police/Trooper Report? Yes/No**      **Attached: Yes/No**

**12. Other Agency Report: Yes/No**      **Attached: Yes/No**

**13. Photos? Yes/No**      **Attached: Yes/No**

**14. Taken By:** \_\_\_\_\_

**15. Department Director Notified? Yes/No**      **Date:** \_\_\_\_\_

**16. Claimant/ Property Owner Given KGB Contact Information? Yes/No**

**17. What happened? (Describe the operation, activity, conditions and how the injury, loss or damage occurred)**

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**Incident Witnesses: (Name, address, phone number)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Report Completed by:** \_\_\_\_\_ **(Printed Name)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_