



**WEBB COUNTY**  
INCIDENT REPORT

**WEBB COUNTY**

This Incident resulted in:  
 BODILY INJURY  
 PROPERTY DAMAGE  
 THEFT

**PLEASE PROVIDE INFORMATION TO:**

NAME: WEBB COUNTY ADMINSITRATIVE SERVICES      PHONE: 956-523-4143

ADDRESS:

**INCIDENT**

DATE OF LOSS:	TIME OF LOSS:	LOCATION OF LOSS:	CITY:	STATE:	ZIP CODE:
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OFFICIALS CALLED TO SCENE:  YES  NO IF SO IDENTIFY:

POLICE     FIRE DEPT.     AMBULANCE     SHERIFF     CONSTABLE

CASE NUMBER: \_\_\_\_\_

PROPERTY DAMAGE     THEFT

CLAIMANT:	ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE NUMBER:
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DESCRIBED PROPERTY DAMAGE:	LOCATION OF PROPERTY:	CITY:	EXTENT OF DAMAGE:
		STATE: Texas	ARE REPAIRS NEEDED <input type="checkbox"/> Yes <input type="checkbox"/> No

**CLAIMAINT (BODILY INJURY)**

NAME OF INJURED:	ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE:
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PHYSICAL DESCRIPTION OF INJURY: (i.e. cut finger, twisted ankle, etc.)

**DESCRIPTION OF LOSS or DETAILS OF INCIDENT THAT OCCURRED (ADD A PAGE IF ADDITIONAL SPACE IS NEEDED). IF A COUNTY VEHICLE IS INVOLVED PLEASE STATE UNIT # AND LICESE PLATE NUMBER AND/OR VIN #::**

**WITNESS**

NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE NUMBER
NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE NUMBER

**IMPORTANT: HAS ACCIDENT BEEN REPORTED TO ADMINISTRATIVE SERVICES  YES  NO**

NAME OF DEPARTMENT: \_\_\_\_\_ UNIT # \_\_\_\_\_

NAME OF EMPLOYEE INVOLVED: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

**PRINT NAME OF SUPERVISOR:**

**SUPERVISOR'S CONTACT NUMBER:**

**SIGNATURE OF SUPERVISOR :**