



INCIDENT REPORT

*Use this form to report incidents in which the city may be liable,
but no verified claim has been filed*

From:

City Incident #

To: abagclaims@yorkrsg.com
York Risk Services Group
Attn: PLAN JPA Claims
475 14th Street; Ste. 600
Oakland, CA 94612
Phone: (925) 349-3800

Date and Time of Incident:

Department:

Location:

Name of Injured Party:

Address:

Phone:

Description of Incident:

Date: _____ Submitted By: _____ Phone: _____