

# Non-Auto Only Incident Report Form

**For Member Agency Use Only**

Member Agency: (name and address)		Mail To: ACWA JPIA P. O. Box 619082 Roseville, CA 95661-9082	
Phone No:		Previously Reported:    Yes                  No	
Date of Accident:                  Time of Accident MM/DD/YYYY:		Reported by:                                  Phone Number:	
Location of Loss (including city, state & zip):		Authority Contacted & Report No:	
Description of loss:			
Property Owner's Name:		Primary Phone No:	Secondary Phone No:
Address (including city, state & zip):		Estimate of Damages:	
Describe Damaged Property:			
Property Owner's Name:		Primary Phone No:	Secondary Phone No:
Address (including city, state & zip):		Estimate of Damages:	
Describe Damaged Property:			
<b>INJURED</b>			
Name & Address (including city, state & zip):		Phone No:	Age:
Extent of Injury:			
<b>WITNESS</b>			
Name & Address (including city, state & zip):		Phone No:	
<b>FOR PIPE BREAKS:</b> Age:                  Size:                  Type:		Main or Lateral	
This report prepared by:		Date:	Time:

**Please keep a copy of this form for your files.**

Revised - April 2024