

APPENDIX B

**TOWN OF GORHAM
SPECIAL INCIDENT REPORT**

Person filling out report: _____ Date: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Type of Incident (check all that apply):

- Personnel Matter
- Injury
- Accident involving Town Vehicle
- Lost Equipment
- Other _____

List personnel / departments involved: _____

Describe the incident in detail: (how, when, where, why?) _____

Signature of person filing report: _____

Signature of Director/Asst. Director: _____

CC: _____ Date: _____

Action (if any) taken: _____

Date Filed: _____