

**GENERAL OR MOTOR VEHICLE INCIDENT REPORT**

COMMISSION ON LEGAL COUNSEL FOR INDIGENTS

SFN 61991 (06-2021)

Type of Incident <input type="checkbox"/> General Incident <input type="checkbox"/> Motor Vehicle Incident	Date/Time of Incident (m/d/yy) (h:mm am/pm)
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Describe Incident *(provide a detailed explanation of the incident, (i.e. if motor vehicle incident, what was the purpose of trip?))*

Location Incident Occurred *(If motor vehicle incident, include street, intersection, highway, etc.)*

**LIST INDIVIDUALS INVOLVED OR INJURED IN THE INCIDENT**

If motor vehicle incident, include the driver/employee, other driver, and any passengers.

Name (First, MI, Last)	Telephone Number	Address	City/State	ZIP Code	Injured	
					Yes	No

Describe Damaged Property *(if applicable)*

**USE ONLY FOR MOTOR VEHICLE INCIDENT**

Crash Reported to Law Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> No	Citations Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency Responding to Incident
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**ATTACHMENTS** (describe below and provide copies)

Name of Employee or Individual Filling Out the Report	
Signature	Date/Time (m/d/yy) (h:mm am/pm)

**Call Supervisor and Executive Director within 8 hours of Incident**

Submit completed form to Executive Director