

Town of Middleton

**Office of Town Accountant
48 South Main Street
Middleton, MA 01949**

Phone: 978-777-4966 Fax: 978-774-3682

Incident Report

Department: _____

Department Head: _____

Department Head E-mail Address: _____

Department Head Phone Number (area code first): _____

Date of Incident: _____

Description of Incident: _____

Location of Incident: _____

Full Claimant Name: _____

Claimant Phone Number (area code first): _____

Claimant Address (line 1): _____

Claimant Address (line 2): _____

Claimant City: _____

Type of Vehicle Involved (if applicable): _____

Department Involved: _____

Comments: _____

Department Head Signature: _____