

# Incident Form



**Submit completed form and documentation to:**

City of Mansfield Legal Department  
1305 East Broad Street  
Mansfield, Texas 76063  
Phone: (817) 276-4710  
Fax: (817) 276-4728  
Email: alma.roden@mansfieldtexas.gov

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FULL NAME

TELEPHONE NUMBER

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MAILING ADDRESS

CITY

STATE

ZIP

Description of incident (please be specific by providing as much detail as possible including date/time of incident):

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Attach copies of medical reports, medical bills, repair bills, estimate of damages, photographs, name(s), address and telephone number of witnesses, and any other pertinent information for this incident. Additional sheets may be added as necessary.

***I certify that the statements set forth are true and correct to the best of my knowledge.***

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Printed name

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Signature

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Date

**For Your Information**

When your claim is received it will be sent to the Legal Department for forwarding to the City's third-party insurance claim representatives which will handle your claim. The appropriate department(s) will also be contacted for investigation. The City's insurance claim representative should be in contact with you within 24 hours of their receipt of your claim. Should you have questions concerning your claim, please contact:

Legal Department  
1305 E. Broad St., Mansfield, TX 76063  
TEL 817.276.4710 • E-mail alma.roden@mansfieldtexas.gov