



THE CITY OF JACKSON, MISSISSIPPI
GENERAL PURPOSE ACCIDENT / LOSS REPORT

SECTION I. TO BE COMPLETED BY SUPERVISORY PERSONNEL
For City vehicle accident/loss use Per-26 (Accident/loss Report involving City vehicle.)
For injuries to City employees use Per-24 (Report of personal injury.)

POLICE / CITY CASE NO.
2014-58031

CITY INFORMATION	1. CITY DEPARTMENT AND DIVISION <i>Parks & Rec / Park Maintenance</i>		2. TELEPHONE# <i>(601) 960-1840</i>		3. DATE OF ACCIDENT/LOSS		4. TIME OF ACCIDENT/LOSS	
	5. NAME OF PERSON PREPARING REPORT <i>Raford Bailey</i>			6. JOB TITLE <i>Field Supervisor</i>			7. TELEPHONE# <i>769-230-6569</i>	
	8. DESCRIBE ANY DAMAGE TO CITY PROPERTY INVOLVED <i>Someone Painted Graffiti All over brick walls at High St Park</i>							
PARTY RESPONSIBLE FOR DAMAGE	10. NAME OF PERSON WHO DAMAGED CITY PROPERTY				11. ADDRESS			12. TELEPHONE#
	13. PLACE OF EMPLOYMENT				14. ADDRESS <i>NA</i>			15. TELEPHONE#
	16. NAME AND ADDRESS OF INSURANCE COMPANY							
	17. TELEPHONE#							
INJURIES OTHER THAN EMPLOYEE	18. NAME		19. AGE	20. ADDRESS		21. TELEPHONE		22. DESCRIPTION OF INJURY
	<i>NA</i>							
WITNESS	23. NAME		24. ADDRESS		25. TELEPHONE#		26. LOCATION AT TIME OF ACCIDENT/LOSS	
	<i>NA</i>							
ACCIDENT/LOSS DESCRIPTION	27. LOCATION OF ACCIDENT/LOSS / NAME OF NEAREST INTERSECTION <i>High St Park</i>					28. WEATHER CONDITIONS <i>Clear</i>		
	29. DESCRIBE HOW ACCIDENT/LOSS OCCURRED. USE ADDITIONAL PAPER IF NEEDED <i>The brick walls at High St Park was damaged by Graffiti</i>							

32. <i>Leif and Beth</i> PREPARER'S SIGNATURE	33. DATE <i>4/4/14</i>	34. DIVISION OR DEPARTMENT SIGNATURE <i>Stanley Smith / Allen Jones</i>	35. DATE <i>4/4/14</i>

NOTE: DEPARTMENT DIRECTOR IS RESPONSIBLE FOR FORWARDING ORIGINAL AND TWO DUPLICATE COPIES OF COMPLETED REPORT TO PERSONNEL DEPARTMENT WITHIN 24 HOURS AFTER RECEIVING NOTIFICATION OF DAMAGE TO CITY PROPOPERTY.