



City of Santa Barbara Downtown Parking Incident Report

(805) 564-5656



Date of Incident: _____ Time: _____ am / pm

Weather: _____

Location: _____

Description of events: (Who, What, When, Where)

Mr./Ms./Mrs.: _____

Address: _____

Phone #: (home): _____ (work): _____ (cell): _____

Vehicle Description: _____

Witnesses: _____

Operator on duty: _____

Report Taken By: _____

Date: _____

Police Notified? _____

Report/Case #: _____

Photos Taken: _____

Supervisor Notified: _____

Date/Time of Notification: _____

Action Taken (investigation/corrective action/letters sent): _____

Reviewed by: _____

Dion Tait, Parking Supervisor