

INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or behavior incidents. If possible, a report should be completed within 24 hours of the event.

Date of Report: _____

1. PERSON INVOLVED

Full Name(s): _____

Address: _____ City: _____ ST: _____ Zip: _____

Identification:

Driver's License #: _____ Passport #: _____

Other: _____

Phone: (____) _____ E-Mail: _____

2. THE INCIDENT

Date of Incident: _____ Time: _____ AM PM

Location: _____

Describe the Incident: _____

3. INJURIES

Was anyone injured? Yes No

If yes, describe the injuries: _____

4. WITNESSES

Were there witnesses to the incident? Yes No

If yes, enter the witnesses' names and contact info: _____

5. POLICE / MEDICAL SERVICES

Police Notified? Yes No If yes, was a report filed? Yes No

Was medical treatment provided? Yes No Refused *If refused, signature of person involved: _____

If yes, where was medical treatment provided? On site Hospital Other: _____

6. PERSON FILING REPORT

Title: Owner Manager Supervisor Other: _____ Date: _____

Signature: _____

Print Name: _____

OFFICE USE ONLY

Report received by: _____ Date: _____

Follow-up action taken: _____
