

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: _____

PERSON FILING REPORT

Full Name: _____ Title/Role: _____

Signature: _____ Date: _____

THE INCIDENT

Date of Incident: _____ Time: _____ AM PM

Location: _____

Describe the Incident including any physical injuries and property damage: _____

PERSON(S) INVOLVED

1. Full Name: _____ Phone: _____

Email: _____

Address: _____ City: _____ State: _____

Identification: Driver's License No. _____ Other _____

2. Full Name: _____ Phone: _____

Email: _____

Address: _____ City: _____ State: _____

Identification: Driver's License No. _____ Other _____

***use another report form to add additional persons involved.*

WITNESSES

Were there witnesses to the incident? Yes No

If yes, list the witnesses names and contact info: _____

