

INCIDENT REPORT

Prepared by: _____

Date: _____ Time: _____

Name(s) of Person(s) Involved _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

If a minor, parent/guardian: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Date of Incident: _____ Time of Incident: _____

Type of Incident:

- Personal Injury
- Property Damage
- Personal Property Damage
- Other

Was 911 called? Yes No

What was the result? _____

Describe the incident. How did it happen? _____

Describe injury if applicable: _____

Was first aid administered? Yes No

If yes, by whom? _____ Phone: _____

What was done? _____

Additional comments/explanation: _____

Were there any witnesses? () Yes () No

If yes, complete the following:

First witness name: _____ Phone: _____

Address: _____

Witness statement: _____

Witness signature

Date

Second witness name: _____ Phone: _____

Address: _____

Witness statement: _____

Witness signature

Date