

# INCIDENT REPORT



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Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Person(s) involved with contact information:

Describe incident in detail:

Name of anyone who witnessed incident:

What action was taken in response to incident?

Was anyone injured?    Yes    No

If so describe injuries: \_\_\_\_\_

If person was less than 18 years old, was a parent notified?    Yes    No

If so, whom? \_\_\_\_\_

Were police/ambulance called?    Yes    No

Who responded? \_\_\_\_\_

Where was person transported to? \_\_\_\_\_

Who transported the individual? \_\_\_\_\_

Were treatment/recommendations refused?    Yes      No

If yes, by whom? \_\_\_\_\_ Signature of individual: \_\_\_\_\_

What is the current status of the injury and treatment?

What was damaged in the incident?

What was the final solution to the incident?

What could be done to prevent this from happening again?

Name and phone number of person filing this report:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_