

Incident Report Form

Date of Incident _____ Time of Incident _____

Type of Incident (circle one) Accident Injury Theft Vandalism Other _____

Location of Incident _____

Name of Complainant _____ Date of Birth _____

Address _____ Telephone # _____

Parent / Guardian (if child) _____ Telephone # _____

ACCIDENT/INJURY

What was the person doing when injured? _____

How and Where was the person injured? _____

() Medical Aid rendered: () None needed () Paramedics called () First Aid given

() Doctor called: Doctor's name and phone: _____

() Taken to hospital by whom: _____ Person released to whom: _____

Condition of Complainant on release: _____

THEFT/VANDALISM/OTHER

Where did the incident occur? _____

Where was the Complainant? _____

What was damaged/missing/vandalized? _____

Estimated Value? _____

Police involvement? () Yes () No Name of Officer: _____

Name(s) of Witness(es): _____ Telephone: _____

_____ Telephone: _____

_____ Telephone: _____

_____ Telephone: _____

Account of Incident: _____

Name of person filling out report: _____ Date: _____

Telephone: _____ Position: _____