

INCIDENT REPORT

Date of Report: _____

Location: _____

Address: _____

Person Completing form: _____

Phone: _____

Person Injured: _____

Address of
Injured Person: _____

Phone Number: _____

Date of Birth: _____ Soc. Sec. #: _____

Date of Injury: _____ Time of Injury: _____

Witnessed by: _____

Address
of Witness: _____

Phone Number
of Witness: _____

Describe the Incident in Detail:

Location of the incident/accident: _____

Condition of the area in question: _____

Type of Injuries: _____

Did Injured Person go to the Doctor? Yes _____ No _____

Which Doctors: _____

Was Injured person hospitalized? Yes _____ No _____

Which Hospital: _____