

# INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or behavioral incidents. If possible, complete within 24 hours of the event.

\_\_\_\_\_ [Date of report (MM/DD/YYYY)]

## **PERSON FILING REPORT**

\_\_\_\_\_ [Full name of person filing report]

\_\_\_\_\_ [Title/Role of person filing report]

\_\_\_\_\_ [Signature of person filing report]

\_\_\_\_\_ [Date signed (MM/DD/YYYY)]

## **THE INCIDENT**

\_\_\_\_\_ [Date of incident (MM/DD/YYYY)]

\_\_\_\_\_ [Time of incident (HH:MM) and select AM or PM]

\_\_\_\_\_ [Location where incident occurred (specific address/area)]

\_\_\_\_\_ [Describe the incident (neutral, factual summary)]

## **PERSON(S) INVOLVED**

\_\_\_\_\_ [Full name of involved person #1]

\_\_\_\_\_ [Address of involved person #1]

\_\_\_\_\_ [Identification for involved person #1 (Driver's License/Passport/Other)[check one]

\_\_\_\_\_ [Phone number for involved person #1]

\_\_\_\_\_ [Email for involved person #1]

\_\_\_\_\_ [Full name of involved person #2]

\_\_\_\_\_ [Address of involved person #2]

\_\_\_\_\_ [Identification for involved person #2] (Driver's License/Passport/Other)[check one]

\_\_\_\_\_ [Phone number for involved person #2]

\_\_\_\_\_ [Email for involved person #2]

\_\_\_\_\_ [Full name of involved person #3]

\_\_\_\_\_ [Address of involved person #3]

\_\_\_\_\_ [Identification for involved person #3 (Driver's License/Passport/Other)[check one]

\_\_\_\_\_ [Phone number for involved person #3]

\_\_\_\_\_ [Email for involved person #3]

**WITNESS(ES)**

\_\_\_\_\_ [Full name of witness #1]

\_\_\_\_\_ [Contact for witness #1]

\_\_\_\_\_ [Witness statement summary (neutral, factual)]

\_\_\_\_\_ [Full name of witness #2]

\_\_\_\_\_ [Contact for witness #2]

\_\_\_\_\_ [Witness statement summary (neutral, factual)]

**INJURY / MEDICAL INFORMATION (IF APPLICABLE)**

\_\_\_\_\_ [Injured person name (if different from above)]

\_\_\_\_\_ [Nature of injury/condition]

\_\_\_\_\_ [Body part(s) affected]

\_\_\_\_\_ [First aid provided (yes/no) and details]

**LAWDISTRICT**

\_\_\_\_\_ [Medical treatment sought (yes/no/unknown) and facility/provider]

\_\_\_\_\_ [Transport method (self/EMS/company/other)]

**PROPERTY DAMAGE / LOSS (IF APPLICABLE)**

\_\_\_\_\_ [Property/equipment involved]

\_\_\_\_\_ [Description of damage or loss]

\_\_\_\_\_ [Estimated value (USD) or “unknown”]

\_\_\_\_\_ [Owner (company/third party)]

**ACTION TAKEN / NOTIFICATIONS**

\_\_\_\_\_ [Immediate actions taken at scene]

\_\_\_\_\_ [Authorities or emergency services contacted (yes/no) and details]

\_\_\_\_\_ [Internal notifications made (manager/HR/safety/security) and details]

**ADDITIONAL DETAILS**

\_\_\_\_\_ [Additional relevant information]

**SIGNATURES**

\_\_\_\_\_ [Signature of person filing report]

\_\_\_\_\_ [Date signed (MM/DD/YYYY)]

\_\_\_\_\_ [Signature of reviewer/manager (if applicable)]

\_\_\_\_\_ [Date signed (MM/DD/YYYY)]

*This document is provided for general informational purposes only and does not constitute legal advice. For guidance on specific circumstances or compliance needs, consult a qualified attorney or other appropriately licensed professional.*