



# INCIDENT/INJURY REPORT

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

**Nature of Incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*continue on reverse if additional space is required

Name of individual involved: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of witness: (If applicable) \_\_\_\_\_

Phone: \_\_\_\_\_

**Action Taken:**

Police called:        YES        NO        Officer's Name: \_\_\_\_\_

Ambulance Called    YES        NO

Other: \_\_\_\_\_

Reported by: \_\_\_\_\_ Signature \_\_\_\_\_

**Follow up:**

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