**INCIDENT REPORT FORM**

Use this form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or student behavior incidents. If possible, a report should be completed within 24 hours of the event. Attach more sheets as needed.

Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_

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| **PERSON INVOLVED** |

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification:  Driver’s License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **THE INCIDENT** |

Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  AM  PM

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the Incident:

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| **INJURIES** |

Was anyone injured?  Yes  No

If yes, describe the injuries:

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| **WITNESSES** |

Were there witnesses to the incident?  Yes  No

If yes, enter the witnesses’ names and contact info:

|  |
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| **POLICE / MEDICAL SERVICES** |

Police Notified?  Yes  No If yes, was a report filed?  Yes  No

Was medical treatment provided?  Yes  No  Refused

If yes, where was medical treatment provided?  On site  Hospital  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PERSON FILING REPORT** |

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **OFFICE USE ONLY** |

Report received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_

Follow-up action taken:

Action Taken: