

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.

Date of Report: _____

PERSON FILING REPORT

Full Name: _____ Title/Role: _____

Signature: _____ Date: _____

THE INCIDENT

Date of Incident: _____ Time: _____ AM PM

Location: _____

Describe the Incident: _____

PERSON(S) INVOLVED

1. Full Name: _____ Address: _____

Identification: Driver's License No. _____

Passport No. _____ Other: _____

Phone: _____ E-Mail: _____

2. Full Name: _____ Address: _____

Identification: Driver's License No. _____

Passport No. _____ Other: _____

Phone: _____ E-Mail: _____

3. Full Name: _____ Address: _____

Identification: Driver's License No. _____

Passport No. _____ Other: _____

Phone: _____ E-Mail: _____

INJURIES

Was anyone injured? Yes No

If yes, describe the injuries: _____

WITNESSES

Were there witnesses to the incident? Yes No

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

1. Full Name: _____
Phone: _____
E-Mail: _____

2. Full Name: _____
Phone: _____
E-Mail: _____

3. Full Name: _____
Phone: _____
E-Mail: _____

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: _____

OFFICE USE ONLY

Report received by: _____ Date: _____

Follow-up action taken: _____

