



INCIDENT REPORT

INJURED'S NAME: _____

DATE OF INCIDENT: _____

TIME: _____

INJURED'S ADDRESS & PHONE NUMBER: _____

LOCATION/FIELD WHERE ACCIDENT HAPPENED: _____

DESCRIBE WHAT HAPPENED: _____

DESCRIBE INJURY: _____

PEOPLE WHO WITNESSED INCIDENT:

NAME	PHONE NO.	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL RESPONSE

WAS MEDICAL ATTENTION NEEDED OR PROVIDED?

FIRST AID GIVEN: YES ☐ NO ☐ AMBULANCE: YES ☐ NO ☐ 911 CALLED? YES ☐ NO ☐

FOLLOW-UP (IF APPLICABLE): _____

SIGNATURE OF PERSON COMPLETING INCIDENT REPORT

DATE