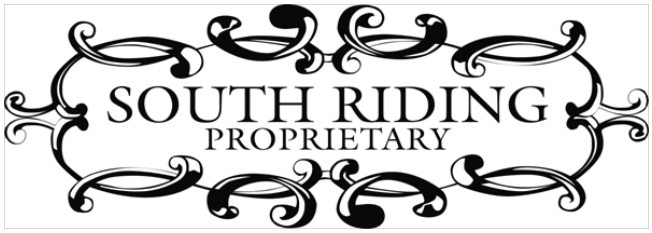

INCIDENT REPORT FORM

Date of report:	Date of Incident:	Time of incident: ☐ AM ☐ PM

PERSONAL INFORMATION—INJURED PARTY

NAME:_____ AGE:_____ GENDER: ☐ Male ☐ Female

ADDRESS:_____ CITY:_____ STATE: _____ ZIP_____

INCIDENT DATA

Location of Incident: _____

_____

Description of Incident: _____

_____

_____

Was there damage to personal property? ☐ YES ☐ NO

If YES describe damage:_____

_____

Was 911 called? ☐ YES ☐ NO Time of call:_____ ☐ AM ☐ PM

Was anyone transported to an emergency facility? ☐ YES ☐ NO

Victim's signature (Parent / Guardian signature if victim is a minor): _____

WITNESS INFORMATION

Was there a witness to the incident? : ☐ YES ☐ NO If yes, please fill out information below.

NAME: _____ PHONE #: (_____) _____

ADDRESS:_____ CITY:_____ STATE: _____ ZIP_____

OFFICE USE ONLY

Report received by: _____ Date:_____ Time:_____ ☐ AM ☐ PM

Action Taken:_____

_____