

# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_