

Incident Report



Incident Location		Date of Incident:	
Incident Address:		Time of Incident:	
Report completed by:		Injured Person (Name)	
Phone:		Phone:	
Email:		Email:	

Description of Incident:

Describe Incident:

Describe injuries
and/or property
damaged:

Product or equipment
involved in the incident:

First Aid & First Responders:

First Aid Provided: ☐ Yes ☐ No ☐ N/A

First Aid Responder:

Name:

Phone:

Police on Scene:

☐ Yes ☐ No ☐ N/A

Details:

Fire Department on Scene:

☐ Yes ☐ No ☐ N/A

Details:

Ambulance on Scene:

☐ Yes ☐ No ☐ N/A

Details:

If yes to above:

Name of Officials:

Weather Conditions:

Weather

☐ Snowing ☐ Raining ☐ Clear & Dry ☐ Other

Describe:

Lighting

☐ Bright ☐ Dim ☐ Working ☐ Not Working

Describe:

Location

Location of incident
inspected?

☐ Yes ☐ No ☐ N/A

Details:

Witnesses:

Name

Address

Telephone #:

Email

Name

Address

Telephone #:

Email: