

INCIDENT REPORT FORM

1. Name: _____

2. Type: Accident () Incident ()

3. Event Date: _____

Event Location: _____

4. Accident/Incident Narrative _____

5. Injuries? Yes () No ()

911 called? Yes () No ()

Medical Treatment Needed? Yes () No ()

ER Visit? Yes () No ()

Admitted? Yes () No ()

6. Name of Individual Involved: _____

Address: _____

Phone: _____

Name of Injured Party (if any): _____

Address: _____

Phone: _____

Name & Phone Number of Witnesses to Incident:

Phone: _____

Phone: _____

Phone: _____

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7. How was it resolved: _____

8. Follow up needed: _____

9. When reported to ED: _____

Employee/Driver Signature: _____ Date _____