

# **Accident/Incident Report Form**

Date Report Taken \_\_\_\_\_ Company \_\_\_\_\_

Individual Completing Report \_\_\_\_\_

Employer/Organization \_\_\_\_\_

Name and Address of Involved Person \_\_\_\_\_

\_\_\_\_\_

Date and Time of Incident \_\_\_\_\_

Date and Time First Reported \_\_\_\_\_

Location of Incident (be specific) \_\_\_\_\_

\_\_\_\_\_

Type (slip, fall same level, fall different level): \_\_\_\_\_

\_\_\_\_\_

Cause of Incident: \_\_\_\_\_

\_\_\_\_\_

Body or Property Damages: \_\_\_\_\_

\_\_\_\_\_

Description of Injury or Damages (if it was a fall, describe floor/surface condition: wet, dry, smooth, wood, tile, steps, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Accident/Incident Report Form (cont.)

Description of Incident (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a Police Report Made?  Yes  No

Report Number \_\_\_\_\_

Badge Number \_\_\_\_\_

Police Officer's Name: \_\_\_\_\_

Was Medical Treatment Required?  Yes  No

If yes, where? \_\_\_\_\_  
(hospital or clinic name/address) \_\_\_\_\_

Kind of Treatment (x-ray, etc.) \_\_\_\_\_ Date: \_\_\_\_\_

Any other notes regarding the incident? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Witnesses of the incident

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_