

Incident Report

This form is to be used to report any Accidents/Incidents.

Name _____

Describe the Accident/Incident: _____

Who did you first report the Incident to: _____

Date: _____ Time: _____ A.M. / P.M.

Names/Addresses of Witness (Be Specific): _____

List any injured person(s): _____

Damage done to other property/person/self: _____

Was a police report filed/ambulance called/or Workers' Compensation Claim started? Yes No
If "no", why? _____

Was anyone found at fault? Yes No If so, who? _____
If "yes", attach a copy of the report to this form.

Time Incident Occurred: _____ A.M. / P.M. Date Incident Occurred: _____

Address Where Incident Occurred: _____

Signature

Date

Agency

Please return completed form to Linda Lipscomb at the Main Office.

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