

INCIDENT INFORMATION REPORT

Prepared by: _____

Date: _____ / _____ / _____

INCIDENT INVOLVING:

(Check One)

- Vehicle
- Personal
- Property
- Equipment
- Other: _____

TYPE OF INCIDENT

(Check One)

- Theft
- Damage
- Injury
- Vandalism
- Other _____

Date of Incident: _____ / _____ / _____
Time of Incident: _____ (2400 Hr. Clock)

Date of Report: _____ / _____ / _____
Time Reported: _____ (2400 Hr. Clock)

Victim Name: _____
Victims Address: _____
City: _____ State: _____ Zip: _____

If a Child (age) _____
Phone # Day _____
Ph: # PM _____

Police Contacted Yes No
Fire Dept Contacted Yes No
Doctor Contacted Yes No
Name of Hospital, if taken _____

Report # _____
Report # _____
Where Contacted:
via (Check One) Ambulance or Personal Vehicle

Witness:

Name: _____ Address: _____ Phone# _____
City: _____ State: _____ Zip: _____

Name: _____ Address: _____ Phone# _____
City: _____ State: _____ Zip: _____

Person Responsible for the incident: Name: _____ Age: _____
Address: _____ Phone# _____
City: _____ State: _____ Zip: _____

NOTE: If more than one person is involved in the Incident, list names and addresses on back of this form. If name is unknown, give detailed description of persons involved in the body of the report.

WRITTEN REPORT DESCRIBING INCIDENT:
