|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Incident Report Form | | | | |  |  |  |  |  |  |
|  |  |  | Location |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Customer or Person Involved** | | | |  |  |  |  |  |  |  |
| Last Name |  |  | First Name |  |  | MiddleName |  | Telephone Number | |  |
|  |  |  |  |  |  |  |  | () |  |  |
| Address (Number, Street, Apartment) | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| For injuries:If injured person was working for another employer at the time of incident, add info below: | | | | | | | | |  |  |
| Employer: | Name |  |  |  | Address |  |  |  |  |  |
|  | Contact | |  |  | Telephone |  |  |  |  |  |
| **Description of Incident** | | | | | | | | | |  |
| Date of Incident | | Time |  AM | Location/Address | |  |  |  |  |  |
|  |  |  |  PM |  |  |  |  |  |  |  |
| Description (Include area of occurrence: did incident happen inside or outside of building, etc.) | | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Reported to whom and when | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Witnesses (Name and Telephone Number) | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Police | (City/County/State) | | |  |  | Report # |  |  |  |  |
|  | Telephone | |  |  |  |  |  |  |  |  |
| Property Damaged | |  |  |  |  | Estimated Amount | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Parts of body injured, if applicable | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Indicate on Diagram Location of Injury | | | |  |  |  |  |  |