# INCIDENT REPORT

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| **DATE:** |  |  | **TIME:** |  |
| **PERSON SUBMITTING REPORT:** |  |  | **PHONE:** |  |
| **PARISH/AGENCY** |  |
| **ADDRESS:** |  |
| **LOCATION INCIDENT TOOK PLACE:** |  |
|  |
| **DESCRIPTION OF INCIDENT:** |  |
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| **PERSON OR PROPERTY INVOLVED IN INCIDENT:** |  |
|  |
| **ADDRESS:** |  |
| **AGE:** |  |  | **PHONE #:** |  |

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| **NATURE AND EXTENT OF INJURY OR PROPERTY DAMAGE:** |  |
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| **WHY WAS THE PERSON ON PREMISES?** |  |
|  |
| WITNESSES |
|  |
| **NAME:** |  |
| ADDRESS: |  |
| PHONE #: |  |  |
|  |
| **NAME:** |  |
| ADDRESS: |  |
| PHONE #: |  |  |
|  |
| **NAME:** |  |
| ADDRESS: |  |
| PHONE #: |  |  |
|  |
| POLICE/FIRE DEPARTMENT |
|  |
| **NAME OF OFFICER:** |  |
| **BADGE #:** |  |  | **PHONE #:** |  |
| **AMBULANCE:** |  |
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| **SUBMITTED BY:** |  |  | **DATE:** |  |
| **TITLE:** |  |
| **ADDRESS:** |  |
| **DAYTIME PHONE #:** |  |  |
| **FAX #:** |  |  |
| **WHAT ACTION HAS** **BEEN TAKEN TO PREVENT SIMILAR ACCIDENTS IN THE FUTURE?** |
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