INCIDENT REPORT

PROJECT: _____
ADDRESS: _____
REPORT TAKEN BY: _____
DATE OF REPORT TAKEN: _____
TIME REPORT WAS TAKEN: _____

INCIDENT TYPE:
(__) FIRE (__) ACCIDENT- PROPERTY (__) ACCIDENT- BODILY
( ) ASSUALT ( ) OTHER: _____
VICTIM IS: (__) RESIDENT (__) NON-RESIDENT

NAME: _____
ADDRESS: _____ HOME PHONE #: _____
DATE OF INCICDENT: _____ TIME OF INCIDENT: _____
WEATHER CONDITIONS: _____
LOCATION OF ACCIDENT: _____
DESCRIPTION OF DAMAGE OR INJURY: _____
_____
_____
_____
_____
_____
_____
_____
CAUSE OF INCIDENT: _____
_____
_____
ACTION TAKEN: _____
OBTAINED POLICE REPORT OR FIRE REPORT: YES____ NO _____ DATE: _____
CASE NUMBER _____
PHOTOS TAKEN: YES _____ NO ____

WITNESSES: _____
NAME: _____
ADDRESS: _____ HOME PHONE #: _____
STATEMENT ATTACHED: YES___ NO_____
NAME:
ADDRESS:
HOME PHONE #: WORK PHONE #:
STATEMENT ATTACHED: YES___ NO____

_____ _____
MANAGER'S SIGNATURE DATE