

INCIDENT REPORT

- * The completion and execution of this Personal Injury Incident Report does not in any way constitute an admission of liability in respect of the alleged incident the subject of the Report and is without prejudice.
- * The parish is to retain the original of this form in a register of incidents.
- * Do not give a copy of this Incident Report to the affected person.

| | |
|---------------|----------------------|
| Parish: _____ | Incident Date: _____ |
|---------------|----------------------|

| WHAT, WHEN & WHERE |
|--|
| Type of incident _____ |
| Specific incident location _____ _____ |
| Day of the week _____ Time of day _____ |
| If outside a building, describe the weather conditions _____ |
| If inside a building, describe the lighting level _____ |

| AFFECTED PERSON |
|--|
| Full name _____ |
| Address _____ _____ |
| Telephone Number - <i>Home</i> _____ <i>Work</i> _____ |
| Date of Birth _____ |

| REPORTED |
|--|
| Reported By : Name _____ |
| Reported To : Name _____ Date _____ Time _____ |
| Position _____ |

| TREATMENT INFORMATION |
|--------------------------|
| First Aid..... Y/N _____ |
| Doctor Y/N _____ |
| Ambulance..... Y/N _____ |

DETAILS OF ALLEGED INJURY:

DESCRIPTION OF THE INCIDENT
Describe the incident as it happened, step by step - do not offer opinions on why certain things did or did not happen.

WITNESSES

| <i>Name</i> | <i>Phone Number</i> | <i>Relationship to affected person</i> |
|-------------|---------------------|--|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |

NOTE: Please attach details of any other witnesses.

ACTION TAKEN

PERSON COMPLETING FORM

Name _____ Position _____

Signature _____ Date _____

DO NOT GIVE A COPY OF THIS INCIDENT REPORT TO THE AFFECTED PERSON