

Incident Report

Today's Date: _____ Time of incident: _____ a.m./p.m.

Location: _____

Type of Incident: (circle all that apply)

Injury

Loss/Theft

Damage

Other: _____

Name of staff member completing this report: _____

Witnesses to incident:

1. _____ Phone: _____

2. _____ Phone: _____

INJURY

Injured party: _____ Phone: _____

Address: _____ City: _____ ST: ____ Zip: _____

Injured party is: member of your staff customer/guest/visitor other _____

Description of Injury and how it occurred: _____

First Aid administered? Yes ____ No ____ Injured party transported to hospital? Yes ____ No ____

If yes, please indicate time, transportation mode and to which hospital: Time: _____

Transportation mode: _____ Hospital: _____

LOSS/THEFT:

Stolen/Missing Item: _____ Value: _____

Owner of Item: _____ Phone: _____

Address: _____ City: _____ ST: ____ Zip: _____

Location of Loss: _____ Police report filed? Yes ____ No ____

Description of incident: _____

PROPERTY DAMAGE:

Description of damaged item: _____

Owner of Item: _____ Phone: _____

Address: _____ City: _____ ST: ____ Zip: _____

Location of damage: _____

Description of incident: _____

See Page 3 VICTIM OF CRIME? if crime involved.

Victim of a crime?

The likelihood of the perpetrator of a crime being apprehended may depend on your ability to give police an accurate description. There are measures you can take to aid you. For example, place discreet height markers on a door frame that will help you gauge the height of the individual. Keep Incident Reports handy to jot down details of the criminal you may need later.

Description of Person: _____

Gender: _____ Race: _____ Age: _____

Height: _____ Weight: _____

Hair: _____ Eyes: _____

Complexion: _____ Scars, tattoos, etc.: _____

Speech: _____ Mannerisms: _____

Weapon: _____

Clothing: _____

Build: _____

Unusual characteristics: _____

Location last seen: _____

Direction of travel: _____

Mode of transportation: _____

Type of vehicle, make, model, year, color, license: _____
