

# INCIDENT REPORT FORMAT

*To be completed by staff within 12 hours of incident/accident*

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Details of Incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was injured person? \_\_\_\_\_

Injury Type: \_\_\_\_\_

Does Injury require Hospital/Physician? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Phone Numbers: \_\_\_\_\_

Injured person/Party Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

**Important Notes and Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Approved By: \_\_\_\_\_ Signature: \_\_\_\_\_