

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.

Parish: _____	Incident Date: _____
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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 _____ 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