

INCIDENT REPORT FORM

INSTRUCTIONS:

1. Please provide as much detail as possible
2. Send the completed form to your municipal representative promptly (within 48 hours)
3. Keep a copy of this form and all photos and attachments for your record

INCIDENT DETAILS:

Date of incident: _____	Time: _____	Date reported: _____	Time: _____
Location / facility name: _____			
Additional Named Insured (ANI) group: _____			
Municipality / County / MD: _____			
Use of facility at time of incident: _____			
Reported by:	Name: _____		
	Position: _____		
	Phone number(s): _____		
Incident description: _____			

BODILY INJURY:

Name of injured person: _____	Date of birth: _____
Phone number(s): _____	Address: _____
Description of injury: _____	

PROPERTY DAMAGE:

Name of owner: _____	
Phone number(s): _____	Address: _____
Property involved: (vehicle, clothing) _____	
Description of damage: _____	

CONTRIBUTING FACTORS:

Note factors such as time of day, weather conditions, lighting, improper footwear, evidence of intoxication:

WITNESSES:

Name: _____

Address: _____

Phone number(s): _____

Name: _____

Address: _____

Phone number(s): _____

Name: _____

Address: _____

Phone number(s): _____

SUPPORTING INFORMATION:

Was this incident reported to the police? Yes No Police file number: _____

Attach any photographs of the site where the incident occurred:

Name of photographer: _____

Date photographs taken: _____

Phone number(s): _____

Other attachments: (make note of any diagrams, statements, internal reports)

Signature: _____