

Date of incident \_\_\_\_\_

Date report filed \_\_\_\_\_

Person filing report \_\_\_\_\_

**Instructions:**

As close as possible to the time the incident occurred, a copy of this report must be filled out by the person in charge. Other eyewitnesses to the incident (preferably adults) may also fill out additional copies of this form.

**Your involvement in the incident**

**Describe the incident**

**Where the incident occurred (location)**

**Individuals who were injured and a description of the injuries**

**Describe action taken on behalf of injured**

**Names of others involved in the incident**

**Name of the adult in charge at time of incident**

**Names of other witnesses**

**Cause of incident (in your opinion)**

**Additional comments**