

Liability Loss Prevention



Sample Incident Report

Date of incident: _____ Date reported: _____

Time of incident: _____ Time reported: _____

Location: _____

Reported by: Name: _____

Position: _____

Phone Number(s): _____

Bodily Injury:

Name of injured person: _____

Phone number: _____

Description of Injury:

Property Damage:

Description of Damage:

Incident Description: (use reverse for more detail)

Witnesses:

Name	Address	Phone

Incident Prevention:

Was the Incident Preventable? Yes No

Suggested Corrective Action:

Was the incident reported to the police? Yes No

File Number: _____

Attachments:

Attach any photographs of the site where the incident occurred.

Name of photographer: _____

Date photographs taken: _____

Phone number(s): _____

Signature: _____