**Please note:** This Incident Report Form is intended for incidents of third-party bodily injury. It will not apply in instances of workplace or employee injury. Additionally, this template is general in nature and does not take into account your industry, business operations, and jurisdictional requirements. For a tailored form, please consult with a lawyer.

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| --- | --- | --- | --- | --- |
| INCIDENT DETAILS | | | | |
| DATE: | |  | | |
| TIME: | |  | | |
| LOCATION: | |  | | |
| DESCRIPTION OF INCIDENT | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| INJURED PARTY INFORMATION | | | | |
| NAME: |  | | AGE: |  |
| ADDRESS: |  | | PHONE: |  |
| DESCRIPTION OF INJURY | | | | |
|  | | | | |
|  | | | | |
| WERE FIRST AID/AMBULANCE SERVICES PROVIDED? PLEASE GIVE DETAILS. | | | | |
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| SCENE INSPECTION: DESCRIBE THE GENERAL CONDITION INCLUDING FLOOR, LIGHTING, WEATHER, ETC. | | | |
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|  | | | |
|  | | | |
| WITNESS INFORMATION | | | |
| WITNESS #1 | | | |
| NAME: |  | MOBILE PHONE: |  |
| ADDRESS: |  | BUSINESS PHONE: |  |
| WITNESS #2 | | | |
| NAME: |  | MOBILE PHONE: |  |
| ADDRESS: |  | BUSINESS PHONE: |  |

**Your Name:**  **Date:**

**Your Signature:**