

# Incident Report



**SAMPLE  
FORM**

**Instructions:** Use this form to record details about any incident involving injury, property damage, or physical threat.

## PERSON IN CHARGE OF THE ACTIVITY

Leader's name: \_\_\_\_\_

Leader's address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

## INCIDENT DETAILS

Nature of the activity: \_\_\_\_\_

Place of the activity: \_\_\_\_\_

Date of the incident: \_\_\_\_\_ Time of the incident: \_\_\_\_\_

Exact location of the incident: \_\_\_\_\_

Weather conditions (if applicable): \_\_\_\_\_

Did the incident involve physical injury or property damage?  No  Yes (if YES, complete back of form)

Description of incident (if vehicle involved, attach owner, driver, and registration info on separate page): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Witness name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

## POLICE DETAILS *Complete only if incident was reported to the police*

Police station name, number: \_\_\_\_\_

Police station address: \_\_\_\_\_

Name and phone number of officer in charge: \_\_\_\_\_

Police report number: \_\_\_\_\_

*continued...*

This document is only a sample. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by an attorney. Brotherhood Mutual Insurance Company and Group Publishing assume no liability in the preparation and distribution of this sample.

**Incident Report (continued)**

**INJURED PERSON**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of parents/guardians (if a minor): \_\_\_\_\_

Employer: \_\_\_\_\_

Relationship to organization:     Member     Visitor     Volunteer     Employee     Student/Camper     Other

Injuries sustained: \_\_\_\_\_

Where was injured person taken (hospital/doctor)? \_\_\_\_\_

If the injury occurred on premises, in what capacity was the injured on the premises? \_\_\_\_\_

If the injury occurred elsewhere, how is it connected with this facility/activity? \_\_\_\_\_

Does the injured have personal medical insurance that may apply?     Yes     No

Name of health insurance company: \_\_\_\_\_

**PROPERTY DAMAGE**

Nature of the damage: \_\_\_\_\_

Location of the damage: \_\_\_\_\_

Detailed description of the damage: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSON COMPLETING REPORT**

Print full name: \_\_\_\_\_

Relationship to organization/activity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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