



Case Number _____

Layman's Incident Report

Date	Day of Week	a.m. p.m.	Time of incident	a.m. p.m.	Location of incident
Type of incident					

WITNESSES TO INCIDENT (Use reverse side if more space in needed.)

Name				Phone (area code)	
Address			City	State	Zip
Name				Phone (area code)	
Address			City	State	Zip
Name				Phone (area code)	
Address			City	State	Zip
Security or police notified?		Name of officer		Report made?	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other official notification					
Property loss? (If yes, describe.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Injuries involved? (If yes, describe)					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

PERSONS INJURED

Name			Phone (area code)		Date of birth
Address			City	State	Zip
Name			Phone (area code)		Date of birth
Address			City	State	Zip

DETAILS OF REPORT

NOTE: Give complete details establishing what happened, when it happened, how it happened and why it happened. If accident, give reason or cause of accident. USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED.

Report prepared by:	Title	Department
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