

# Incident Report

**Contact:**

**Date of Report:**

**Incident Date/Time:**

**Weather Conditions:**

**Incident Location (Specific):**

**Incident Type (Circle):** Auto\_\_\_\_\_ Liability (BI/PD)\_\_\_\_\_

Workers Comp\_\_\_\_\_

**Describe Injury (Injury/Illness Type, Body Parts Affected):**

**Injured Person:**

**Address/Phone:**

**Description of Incident:** (Brief Factual Description of Incident. Use Separate Sheet if Necessary)

**Incident Causes:** (Immediate, Contributory, Roof)

**Corrective Action (s):**

**Witnesses** (Name, Address, Phone):

**Police Report Filed?** Yes/No **Photos Taken?** Yes/No **OSHA or other Agency Involved:**

**Foreman/Supervisor:**

**Date:**

The entire form should be completed and additional paper used as necessary.

