





DESCRIPTION OF INCIDENT / INJURY SCENE: *(Were there provisions for any immediate corrective action? If "Yes" provide description. Was the scene secured to prevent further injury until repairs could be made?)*

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WERE POLICE CONTACTED? *(If "YES", obtain a copy of police report, if available)* YES  NO

WERE PICTURES TAKEN OF INJURY/INCIDENT OR VIDEO FOOTAGE SECURED? YES  NO

WAS INJURED PERSON(S) GIVEN FIRST AID? *(If "YES", attach first aid report if available)* YES  NO

WITNESS(ES):

_____ (NAME)	_____ (ADDRESS)	_____ (TELEPHONE)
_____ (NAME)	_____ (ADDRESS)	_____ (TELEPHONE)
_____ (NAME)	_____ (ADDRESS)	_____ (TELEPHONE)

NAME OF PERSON COMPLETING REPORT:

_____ (NAME)	_____ (SIGNATURE)	_____ (TITLE)	_____ (DATE)
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