



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?)*

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)