

General Incident Report

Instructions: Complete this form to report any incident or accident involving safety or security. Provide complete information about the incident, including any injuries or property damage, if applicable. Submit completed form to your Agency Risk Manager or Risk Management Unit.

Contact Person Information			
Name	Work (Area Code) Phone No.	Home (Area Code) Phone No.	
Address		Date of Incident (Month/Day/Year)	
City	State	ZIP + 4	Hour AM PM
Incident Information			
Full Description of the incident including specific location. Attach additional pages as necessary.			
Witnesses	Name	Full Mailing Address	(Area Code) Phone No.
Injuries No matter how minor	Names of Additional Persons Injured	Full Mailing Address	(Area Code) Phone No.
Property Damage	Owner Name		(Area Code) Phone No.
	Type of Property	Type of Damage	
	Address where damaged property may be seen		Estimated Repair Cost
Name of Person Preparing Report		Signature	Date
For Risk Management Section Use Only			