

Incident Report Form

Use this form to report accidents, injuries, medical situations. If possible, the report should be completed within 24 hours of the event. Submit completed forms to the LVKCC President.

Information about Person Involved in the Accident

Full Name: _____

Home Address: _____

Telephone No.:

Home: () _____ - _____ Cell Phone: () _____ - _____

Information about the Incident

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Description of Incident (what happened, how it happened, factors leading up to the event, etc.). Be as specific as possible (attach additional sheets, if necessary).

Were there any witnesses to the incident? _____(Yes) _____(No)

If Yes, attach separate sheet {Page 2} with Name(s), Address(es), Phone Number(s).

Was the individual injured? ____ (Y) ____ (N) If Yes, describe the injury (laceration, sprain, etc.), the area of the body injured, and any other information known about the resulting injury(ies).

Was medical treatment provided? ____ (Y) ____ (N) ____ (Refused)

If so, where was treatment provided: ____ (On Site) ____ (Urgent Care) ____ (Other)

Reporter Information

Name of Individual Submitting Report: _____(Print)

(Signature) _____ (Date Reported)

Witness(es) to the Incident

Full Name:

Home Address:

Telephone Nos.:

Home: () - _____ Cell Phone: () - _____

Full Name:

Home Address:

Telephone No.:

Home: () - _____ Cell Phone: () - _____

Full Name:

Home Address:

Telephone No.:

Home: () - _____ Cell Phone: () - _____

Full Name:

Home Address:

Telephone No.:

Home: () - _____ Cell Phone: () - _____

Full Name:

Home Address:

Telephone No.:

Home: () - _____ Cell Phone: () - _____