

INCIDENT REPORT FORM

INSTRUCTIONS:

1. Please provide as much detail as possible
2. Send the completed form to your municipal representative promptly (within 48 hours)
3. Keep a copy of this form and all photos and attachments for your record

INCIDENT DETAILS:

Date of incident:	_____	Time:	_____	Date reported:	_____	Time:	_____
Location / facility name:	_____						
Additional Named Insured (ANI) group:	_____						
Municipality / County / MD:	_____						
Use of facility at time of incident:	_____						
Reported by:	Name:	_____					
	Position:	_____					
	Phone number(s):	_____					
Incident description:	_____						

BODILY INJURY:

Name of injured person:	_____	Date of birth:	_____
Phone number(s):	_____	Address:	_____
Description of injury:	_____		

PROPERTY DAMAGE:

Name of owner:	_____		
Phone number(s):	_____	Address:	_____
Property involved: (vehicle, clothing)	_____		
Description of damage:	_____		

CONTRIBUTING FACTORS:

Note factors such as time of day, weather conditions, lighting, improper footwear, evidence of intoxication:

WITNESSES:

Name: _____

Address: _____

Phone number(s): _____

Name: _____

Address: _____

Phone number(s): _____

Name: _____

Address: _____

Phone number(s): _____

SUPPORTING INFORMATION:

Was this incident reported to the police? Yes No Police file number: _____

Attach any photographs of the site where the incident occurred:

Name of photographer: _____

Date photographs taken: _____

Phone number(s): _____

Other attachments: (make note of any diagrams, statements, internal reports)

Signature: _____