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Incident Reporting Form

INCIDENT REPORT

Business _____

Date _____

Address _____

City _____ State _____

Complainant

Last Name

First Name

Initial

Address

City

State

Zip

Home Telephone

Business Telephone

Type of Incident

Theft

Accident

Property Damage

Other

Injury

First Aid Given? Yes _____ No _____

First Aid Refused Yes _____ No _____

EMS Called? Yes _____ No _____

Taken to Emergency Yes _____ No _____

Nature of injury _____

Detail of Incident

Property and Value

Damaged/ Missing Property Description	Estimated Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Room Entry	Room Number _____
Room Entered? _____	Time _____
Door Locked? _____	Door Chained? _____
Entered By _____	Witnessed By _____

Police Report

Police Officer Name _____

Shield # _____ Report # _____

Arrest Made? _____ Citation Issued? _____

Witnesses:

Name _____ Tel: _____

Address _____ City _____ State _____

Name _____ Tel: _____

Address _____ City _____ State _____

Name _____ Tel: _____

Address _____ City _____ State _____

Comments: _____

Prepared by

Reviewed By

Date

Date