

INCIDENT REPORT

Name of Person Completing Report: _____

Address: _____ Home Phone: _____

City, State, ZIP: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Incident Details

Name(s) and Phone Number(s) of Person(s) Involved in Incident: _____

Date of Incident: _____ Time of Incident: _____

Exact Location of Incident: _____

What Happened: _____

Weather Conditions: _____ Surface Conditions: _____

Other Factors: _____

Police Called: Yes No Police Dept: SUU Cedar City Other: _____

Description of Damage to Property: _____

Description of Bodily Injury: _____

Medical Assistance Received: _____

Witness (Name, Address, Phone): _____

Witness (Name, Address, Phone): _____

Signature of person completing report: _____ Date: _____