

Incident Report Template

Please fill out and email to info@inter-agencyinsurance.com or fax to 865-637-4598

REPORTED BY: _____ DATE OF REPORT: _____
TITLE / ROLE: _____ INCIDENT NO.: _____

INCIDENT INFORMATION

INCIDENT TYPE: _____ DATE OF INCIDENT: _____
LOCATION: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SPECIFIC AREA OF LOCATION (if applicable): _____

INCIDENT DESCRIPTION

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____
2. _____
3. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____
2. _____
3. _____

POLICE REPORT FILED? _____ PRECINCT: _____
REPORTING OFFICER: _____ PHONE: _____

FOLLOW-UP ACTION

SUPERVISOR NAME: _____ SUPERVISOR SIGNATURE: _____ DATE: _____

DISCLAIMER