



Type of Incident:

- Injury
- Accident
- Equipment
- Disturbance
- Vehicle
- Employee

Incident Date: _____

Incident Time: _____

Incident Location: _____

Describe the Incident: (describe in detail what happened – who was involved, any physical property damage, personal injury, verbal exchanges between parties, how the situation was left, specific area where the incident occurred, condition of the area where it occurred, items or equipment involved). Attach any pertinent photos or other information.

Witness Information: Name: _____ Phone # _____

Address: _____

How was the witness involved in the incident? Describe what you witnessed: _____

Injury/Accident Details: Name of Injured: _____ Employee: YES/NO

Address: _____

Phone Number: _____

Describe injury: _____

Treatment of Injury: (leave blank if no treatment is needed)

What was immediately done to treat the injured party? _____

Additional Treatment (check all that apply) First Aid Emergency Room Outpatient Clinic

Went to see own doctor Hospital Stay

Did injured party have to miss work due to injury? If so, how many days/hours of work?

Action Steps:

What action has been taken to resolve the situation?

What action has been taken to prevent this incident from happening again in the future?

Form Completion Details:

Form Completed by:

Name: _____ Position: _____

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Return form to: Village Clerk/Treasurer, 140 N Main St, PO Box 147, Monticello, WI 53570