

Incident Report



City of Sierra Madre

232 W. Sierra Madre Blvd.

Sierra Madre, CA 91024

(626) 355-7135

Fax (626) 335-2251

www.cityofsierramadre.com

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION
SUPERVISOR		DEPARTMENT

INFORMATION FOR PERSONS INVOLVED

NAME	
TITLE / ACTIVITY	AGE IF UNDER 18
ADDRESS	
CONTACT NUMBER	EMAIL

DESCRIPTION OF INCIDENT

COURSE OF ACTION TAKEN

WITNESS INFORMATION

NAME

TITLE / ACTIVITY

ADDRESS

CONTACT NUMBER

EMAIL

WITNESS INFORMATION

NAME

TITLE / ACTIVITY

ADDRESS

CONTACT NUMBER

EMAIL

WITNESS INFORMATION

NAME

TITLE / ACTIVITY

ADDRESS

CONTACT NUMBER

EMAIL

CHECK LIST**BY WHOM****DATE & TIME** Police Contacted EMS Contacted Person Transported Parent/Guardian Contacted Personnel Contacted Employee Statements Supervisor Statements Witness Statements Photographs Taken**PERSON COMPLETING REPORT**

NAME

DATE

TIME

PERSONNEL USE ONLY

PERSONNEL RECEIVED DATE

/ /

NAME