

SERIOUS INCIDENT REPORT

- Type of Incident
- | | |
|--|--|
| <input type="checkbox"/> Accident with Injury | <input type="checkbox"/> Stolen Property |
| <input type="checkbox"/> Escape/Run-away | <input type="checkbox"/> Break-In |
| <input type="checkbox"/> Facility/Mechanical/Fire | <input type="checkbox"/> Vehicle Damage/Abuse |
| <input type="checkbox"/> Assault/Fight/Use of Mace | <input type="checkbox"/> Threat via Telephone/Mail |
| <input type="checkbox"/> Other – Specify: _____ | |

Reported By: _____ Date: _____

Position: _____ Division: _____

Location of Incident: _____

Date and Time of Incident: _____

Police Notified: Yes (attach police report)
 No

Ambulance Notified: Yes, because: _____
 No

Description of Incident:

Completed By: _____ Date: _____

Acknowledged: _____ Date: _____
Division Director

Distribution Required with 24 Hours of Serious Incident to:

**Executive Director
Deputy Directors
Division Directors**