



Was the victim injured? \_\_\_\_ Yes \_\_\_\_ No. If Yes, please describe nature of injuries: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was medical treatment provided? \_\_\_\_ Yes \_\_\_\_ No. If Yes, please identify place of medical treatment: \_\_\_\_\_  
 \_\_\_\_\_

Were police called to respond to the incident? If Yes, which police department? \_\_\_\_\_  
 \_\_\_\_\_

Name of investigating officer: \_\_\_\_\_  
 Was perpetrator taken into custody at the scene of the incident? \_\_\_\_ Yes \_\_\_\_ No

### WITNESS INFORMATION

DEP EMPLOYEES	OTHER
Name: _____	Name: _____
Work Telephone #: (    )	Address: _____
	Telephone #: (    )
Name: _____	Name: _____
Work Telephone #: (    )	Address: _____
	Telephone #: (    )
Name: _____	Name: _____
Work Telephone #: (    )	Address: _____
	Telephone #: (    )
Name: _____	Name: _____
Work Telephone #: (    )	Address: _____
	Telephone #: (    )

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Person Completing the Incident Report: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Time)