

SERIOUS INCIDENT REPORT

- Type of Incident: Accident with Injury Stolen Property
 Escape / Run-away Break-in
 Facility / Mechanical / Fire Vehicle Damage / Abuse
 Assault / Fight / Use of Mace Threat via Telephone / Mail
 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 within 24 Hours of Serious Incident to:

- Executive Director
- Deputy Directors
- Division Directors