

DDTC INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, criminal activities, or traffic incidents. A report should be completed within 24 hours of the event.

Incident No: _____ (yyyy/mo/date)

PERSON FILING REPORT

Reported by: _____

Title/Role: _____

Signature: _____

Today's Date: _____

INCIDENT INFORMATION

Date of Incident: _____

Time: _____ AM PM

Location: _____

City: _____ State: _____ Zip: _____

Describe the Incident (what happened): (continue on back of sheet if needed)

PERSON(S) INVOLVED & INJURIES

1. Full Name: _____

Address: _____

Phone: _____ E-Mail: _____

Driver's License No. _____ State: _____

Injured: Yes No If Yes, describe injuries:

2. Full Name: _____

Address: _____

Phone: _____

E-Mail: _____

Driver's License No. _____ State: _____

Injured: Yes No If Yes, describe injuries:

DOGS INVOLVED & INJURIES

Injured Dog's Name	Owner's Phone	Owner's Email

Describe the injuries:

WITNESSES

Were there witnesses to the incident? Yes No If yes, enter the witnesses' names and contact info:

Full Name	Phone	Email

POLICE / FIRE / MEDICAL SERVICES

Police Notified? Yes No If yes, was a report filed? Yes No

Responding officer's contact information: _____

Fire Department Notified? Yes No

Did they respond? Yes No Fire Stations: _____

EMT on-site? Yes No Refused

If yes, where was medical treatment provided? On site ER Other: _____

If dogs were injured, where was medical treatment provided? On site ER Other: _____