

**State of Rhode Island
Department of Administration**

INCIDENT REPORT

•—————•

Last Name _____ **First Name** _____ **MI** _____

Age _____ **Gender** _____ **Email Address** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____ **City** _____ **St** _____ **Zip** _____

Injury Sustained/ Property Damage* _____

Where Incident Occurred _____

Agency Name & Division _____

Address _____

Date of Incident _____ **Time (Including AM or PM)** _____

Witness Info: Last Name _____ *First Name* _____ *MI* _____

State Employee? _____ *If So, For Which Agency Do They Work?* _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____ **City** _____ **St** _____ **Zip** _____

Visitor Sought Medical Treatment? (Yes, No, Unknown) _____

Treatment Facility _____ **Main Phone** _____

Address _____

Addit'l Comments* _____

•—————•

* (If needed, continue answering the question on page 3.)

