

**Accident / Incident Report****General Information**

Were SDSURF employees injured?      Yes      No  
Was police report taken?      Yes      No      Police Report number:  
Project / Grant number:  
Phone number:      E-mail:

**Please Describe Incident:**

Date:      Time:      Location:  
How did accident / incident happen?

**Information about Injured Person(s) (if applicable):**

Name(s):  
Home address:  
Phone number:      E-mail:  
Injury / Injuries:  
Body part:  
Personal Insurance Information:

**Medical / First Aid Provided By:**

Name(s) of Doctor / Hospital:      Phone number:  
Address:  
Cost:      Date provided:

**Witness Information:**

Name(s):      Phone number:  
Address:  
E-mail:

**Property Damage Information (if applicable):**

Type and location of property:

**Vehicle / Driving Incident:**

Please describe:

**Controls:**

List controls in place to prevent incidents:  
Were all controls followed?  
Ideas to prevent future similar incidents:

**SDSURF Project Supervision Section:**

Completed by (print name):      Date completed:  
Supervisor's E-mail:      Phone number:      Fax number:  
Notes: