COATESVILLE AREA SCHOOL DISTRICT POLICE DEPARTMENT

INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, or non- in progress incidents. Incidents involving a crime in progress should be reported directly to the CASD Police Department via the 911 System. Non-in progress incidents can also be directed to the CASD Police Department office at 484-784-9118. If possible, the report should be completed and submitted within 24 hours of the event. This report can be submitted electronically by emailing a completed and signed form to police@casdschools.org. The form can also be faxed to the CASD Police Department at 484-784-6010.

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT			
Full Name			
Home Address			
☐ Student	☐ Employee	☐ Visitor	☐ Vendor
Phone Number	Home	Cell	Work

INFORMATION ABOUT THE INCIDENT			
Date of Incident	Time	Police Notified ☐ YES ☐ NO	
Location of Incident			
Description of Incident (What happened, how it happened, factors leading to the event, etc.) Be as specific as possible. (attach additional sheets if necessary)			
Where there any witnesses to the Incident? ☐ YES ☐ NO If yes, attach separate sheet with names, address, and phone numbers.			
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of the body injured, and any other information known about the resulting injury(ies)			
Was medical treatment provided? ☐ YES ☐ NO ☐ REFUSED If yes, where was treatment provided? ☐ On Site ☐ Urgent Care ☐ Emergency Room ☐ Other			

REPORTED INFORMATION
Individual Submitting Report (Print Name)
Signature
Date Report Completed

Police Report Number Assigned: _____

Report Received by:_____   Date: _____

Officer Assigned: _____   Date: _____

Document any follow-up action taken after receipt of this incident report.

Date	Action Taken	By Whom