

UTAH DWR
HUNTER EDUCATION PROGRAM
INCIDENT REPORT FORM

Injury Motor Vehicle Accident Equipment/Property Damage Other _____

Date of Incident: _____ Time of Incident: _____

Person (s) Involved Name: _____

Person (s) Involved Address: _____

Person (s) Involved Phone Number: _____ Cell #: _____

Location of Incident: _____

Describe the nature and extent of the incident. Be specific, use the back of the form in necessary:

Was medical treatment required: Yes No

If yes, describe the treatment given: _____

What steps were taken to preserve the scene (photo's, equipment etc.)?

Witness Statements – **Interview All Witnesses Separately.** Attach witness statements.

Witness Name: _____ Statement Attached: Yes No

Witness Address: _____

Witness Phone Number: _____ Cell #: _____

Witness Name: _____ Statement Attached: Yes No

Witness Address: _____

Witness Phone Number: _____ Cell #: _____

Witness Name: _____ Statement Attached: Yes No

Witness Address: _____

Witness Phone Number: _____ Cell #: _____

Incident Report Completed by:

Name: _____

Title: _____

Date: _____

Signature: _____

Submitted to supervisor? Yes No

Additional Incident Information Recorded

Lined area for recording information, consisting of multiple horizontal lines.