



March Joint Powers Authority
 23555 Meyer Dr.
 Riverside, CA 92518
 (951) 656-7000
 (951) 653-5558
www.marchjpa.com
info@marchjpa.com

INCIDENT REPORT FORM

Please fill out this form to report any accidents, injuries, medical situations, or behavior incidents. **Any incidents involving a crime should be reported directly to the local Police.** If possible, the report should be completed within **24 hours** of the event. Please submit completed forms to the March Joint Powers Authority offices at 23555 Meyer Drive, Riverside, CA 92518 during regular business hours or by using the 24/7 drop box located outside the office. Forms may also be completed online or faxed in.

INFORMATION ABOUT PERSON SUBMITTING INCIDENT FORM (PERSON COMPLETING THE FORM)	INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT
Full Name _____	Full Name _____
Address _____	Address _____
Phone () _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone () _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
E-mail _____	E-mail _____
Identifier <i>(Please Check One)</i>	Identifier <i>(Please Check One)</i>
<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Vendor	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Vendor
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

INFORMATION ABOUT THE INCIDENT

Date of the Incident ____ / ____ / ____ Time ____ : ____ ^{AM} ^{PM} Police Notified? Yes No

Location of Incident _____

Description of Incident (Please detail what happened, how it happened, factors leading to the event, etc.) Be as specific as possible. Use a separate sheet of paper if necessary.

WITNESS INFORMATION

Were there any witness to the incident? Yes No Phone () _____ Cell Home Work

Was any individual injured? If so, using a separate piece of paper, or the back of this form, describe the injury (laceration, sprain, etc.), the part of the body injured, and any other information regarding the resulting injury/injuries.

Was medical treatment provided? Yes No Refused If yes, where was the treatment provided?

On Site Urgent Care

Emergency Room Other _____

FOR OFFICE USE ONLY

Report Received By _____ Date ____ / ____ / ____ Time ____ : ____ ^{AM} ^{PM}

Action Taken _____

Date Action Taken ____ / ____ / ____ By Whom _____