



Incident Report

SITE: _____

Date of Incident: _____ **Date Reported:** _____

Time of Incident: _____ **Time Reported:** _____

Reported By: _____ **Reported To:** _____

WHAT HAPPENED

ACTION TAKEN:

Police Called? Yes No If yes, Name & Badge _____

Fire Department Called? Yes No If yes, Engine Co. _____

Ambulance Called? Yes No If yes, Ambulance # Co. _____

Vendor Contacted? Yes No If yes, Name. _____

Property Damage? Yes No If yes, describe: _____

Photo/Video Attached? Yes No

Witnesses? Yes No If yes, name/ contact #: _____

**DESCRIBE SITE TEAM/
MANAGEMENT FOLLOW-UP:**

Signed: _____ Date: _____

Print Name: _____

Title: _____

Return to: town-incident-report-form@fairhaven-ma.gov

please complete all fields