

College of Southern Idaho Head Start / Early Head Start

Incident Report – Property/Vehicle Damage
(Must be submitted to Central Office within 24 hours)

Date Incident occurred: _____ Time: _____ am _____ pm

Center: _____

Location of property or address of incident: _____

Description of location: _____

Notification of Center Supervisor or Central Office: _____

(Date and approximate time)

Describe in detail how the incident happened: _____

Describe in detail the damage to property/vehicle: _____

Was a police report completed? When? _____

(Please attach copy of completed police report)

Was anyone injured? (If yes, requires a completed staff incident report) _____

Does this action require a post incident drug screen? _____ DOT or Non DOT

Yes No (Please Circle)

Employee's Signature _____

Supervisor's Signature _____

Witnesses:

Name _____

Address _____