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 _______________________________ _______________________________

white original – Central Office  yellow copy – Center Supervisor  
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