

Old Town Playhouse Incident Report Form



Any time an accident or injury (the "Incident") occurs on OTP property or during an OTP activity, fill out this form. Throughout this form, the person to whom the Incident occurred is called the "Subject", and the person who is filling in this form or helping the Subject is called the "Reporter".

Part I: Contact Information of the Subject

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Part II: Information About the Incident

Date of Incident: _____ Time of Incident: _____

During what show, event, or activity did the Incident occur? _____

Location of Incident: _____ (example: on stage, in seating area, outside building)

What was the Subject's purpose for associating with OTP? Employee Volunteer Audience Student

Please give a detailed description of the Incident, including the task or activity the Subject was undertaking at the time it happened (continue on reverse if necessary):

What are the Subject's injuries?

Was medical attention required? Yes No

If medical attention was required, please give a detailed description of that attention including who provided it:

Was a police report taken? Yes No

If Yes, what was the report number? _____ Police Agency: _____

Part III: Contact Information of the Reporter

Check here if same as Subject

Last Name: _____ First Name: _____

Phone: _____ E-Mail Address: _____

Part IV: Signatures

Signatures and dates here certify that the information provided is true and correct.

(Signature of Reporter)

(Date)

(Signature of Subject)

(Date)