

# ABATE of Indiana Incident Report Form

(Attach original ABATE Event Waiver)

Event Location: \_\_\_\_\_

Region or County: \_\_\_\_\_

ABATE Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM \_\_\_\_\_

Person Involved:            Officer      Attendee      Other                      Male      Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Incident/Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occurred During:

Location of Incident: \_\_\_\_\_

**Incident Party's Account** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Officer's Account** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Aid Given at Event?:      Y      N      By Whom: \_\_\_\_\_

Ambulance/Paramedics?:      Y      N      Hospital: \_\_\_\_\_

Name of Doctor(s): \_\_\_\_\_

## Witnesses:

Name	Address	Phone
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\_\_\_\_\_

\_\_\_\_\_

Police Report?:                      Y      N      Case # (attach copy): \_\_\_\_\_

Describe Personal Property Damage, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Person Involved in Incident**

**Officer**