



Jackson Parish Police Jury

INCIDENT REPORT

To be completed by staff within 12 hours of incident/accident

Incident Date: _____ Incident Time: _____

Injured Person Name: _____

Address: _____

Phone Number(s): _____

Male/Female: _____ Date of Birth: _____

Details of Incident:

Injury Type: _____

Does injury require Hospital/Physician? Yes: _____ No: _____

Hospital Name: _____

Address: _____

Hospital Phone Numbers: _____

Injured person/party signature/date: _____ / _____

Important Notes and Instructions:

Prepared By: _____ Date: _____

Approved By: _____ Signature: _____
