

*Please complete this form as completely and as accurately as possible.*

<b>Date of Incident:</b>	<b>Time of Incident:</b>
<b>Location of Incident:</b>	
<b>Witness Name:</b>	
<b>Witness Address &amp; Phone Number:</b>	
<b>Describe the conditions at the time of the incident (weather, lighting, etc.):</b>	
<b>Explain in detail what happened:</b>	
<b>Other Notes:</b>	
<b>Signature:</b>	<b>Date:</b>

Submit completed form to TLC representative. TLC representative to press complete at time of Incident Report Form completion.