

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

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

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