### Incident Information

#### Description of Incident

- [ ] Injury / accident
- [ ] Hospitalization
- [ ] Death of a client
- [ ] Illness or other condition
- [ ] Medical error / refusal
- [ ] Poisoning
- [ ] Unknown injury
- [ ] Other:

#### Description of Injuries

- [ ] Assaultive behavior
- [ ] Client criminal activity
- [ ] Property destruction
- [ ] Non-consenting sexual activity
- [ ] Self-injurious behavior
- [ ] Suicidal behavior
- [ ] Theft / burglary
- [ ] Other:

#### Property Damage or Theft (With Estimated Values)

- [ ] Client abandonment
- [ ] Suspected abuse / neglect
- [ ] Financial exploitation
- [ ] Fire / natural disaster
- [ ] Missing client
- [ ] Transportation incident
- [ ] Victim of criminal activity
- [ ] Other:

#### What Took Place Just Prior to the Incident?

#### Actions Taken Immediately Following Incident
## Notifications and Methods

Examples: law enforcement; Adult Protective Services, DD Case Manager, guardian / family; delegating nurse.

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<tr>
<th>PERSON CONTACTED</th>
<th>RELATIONSHIP</th>
<th>DATE NOTIFIED</th>
<th>EMAIL</th>
<th>MAIL</th>
<th>FAX</th>
<th>PHONE</th>
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Was the person involved seen by a physician or taken to a hospital?  □ Yes  □ No
If yes, list name of physician and facility:

Was First Aid administered? □ Yes  □ No
If yes, list type of care and given by whom:

Was the press notified or involved? □ Yes  □ No
If yes, list names and types:

Were law enforcement agencies contacted or involved? □ Yes  □ No
If yes, list name(s) of responding officer(s):

Was anyone taken into custody or arrested? □ Yes  □ No
If yes, list name(s) and destination:

Were neighbors or the surrounding community involved? □ Yes  □ No
If yes, in what way:

### Report Completed by:

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE</th>
<th>PRINTED NAME OF PERSON COMPLETING REPORT</th>
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