



# SA Incident Report - Major

Please Print Clearly

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ a.m.  p.m.

Name (and age if relevant) of person(s) involved:

\_\_\_\_\_

Location where incident occurred: \_\_\_\_\_

**Contact Information of person involved: (use a separate form for each person involved)**

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Describe what happened:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe what action (if any) was taken in response to this incident and by who:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witness (es) to the incident, if applicable

\_\_\_\_\_



**Witness Contact Information:** (list additional witness contact information on the back of this form)

Name:

\_\_\_\_\_

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

\_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Was an emergency contact person notified of the incident? Yes  No

If yes, name of person(s) contacted:

\_\_\_\_\_

Date and time of contact: \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m.

Add additional information as necessary on reverse side.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person completing this part of the report

\_\_\_\_\_  
Signature of person completing this part of the report

\_\_\_\_\_  
Title of person completing this part of the report

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
~~Signature of Safety and Security Chair (if applicable)~~

\_\_\_\_\_  
~~Signature of Festival Chair or~~ Survivors Abreast President



**Recommendations and corrective actions to be taken. Include timing and who will take specific actions.** (to be completed by [the PDBF safety and Security Committee](#) and submitted to the [PDBF Executive committee](#) or SA Board of Directors)

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\_\_\_\_\_  
Name of person completing this part of the report

\_\_\_\_\_  
Signature of person completing this part of the report

\_\_\_\_\_  
Title of person completing this part of the report

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
~~Signature of Safety and Security Chair (if applicable)~~

\_\_\_\_\_  
~~Signature of Festival Chair or~~ Survivors Abreast President