



**Arkansas Department of Military**  
Cabinet Secretary - Major General Jonathan M. Stubbs,  
The Adjutant General

**Incident Report Form**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Employee ID No.:** \_\_\_\_\_

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

**City, State Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Time of Accident:** \_\_\_\_\_

**Location Where Incident Occurred:** \_\_\_\_\_

**Type of Incident or Unsafe Condition:** \_\_\_\_\_

**Description of Incident (attach additional information if necessary):**

**Body Parts Injured:** \_\_\_\_\_

**Personal Protective Equipment (PPE) worn?** \_\_\_\_\_

**If "YES", what type of Personal Protective Equipment was used?** \_\_\_\_\_

**Seat Belt Properly Used?** \_\_\_\_\_

**Opinion of Supervisor – Incident Preventable or Non-Preventable?**

<b>Witnesses of Accident (Name)</b>	<b>Phone</b>
_____	_____
_____	_____

**Employee Name (Please Print):** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Supervisor Name (Please Print):** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Supervisor Phone Number:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_