

TRAUMATIC INCIDENT REPORT



Case #: _____ Location: _____ Date: _____

Date of Incident: _____ Debriefing Declined: ☐ ☐ (see # 10 below)
YES NO

1. Date Notified by DEA/TCTI: _____ 2. Time of Call: _____

3. Name of Person Taking Incident Report: _____

4. Location of Incident: _____

5. Notifier's Name: _____ 6. Notifier's Title: _____

7. Notifier's Phone #: _____ 8. Relation to involved parties: _____

9. Number of employees directly involved in the incident (attach sign-in roster): _____

10. Brief General Description of Incident:

11. Clinical Briefer (s) Name: _____

12. Date (s) of Clinical Briefing (s): _____

13. Number of Employee's debriefed: _____ Number of family members debriefed: _____

14. Follow up contact, list date (s) and case number (s) as conducted:

Comments:
