

Your name: _____

Today's date: _____

What happened?

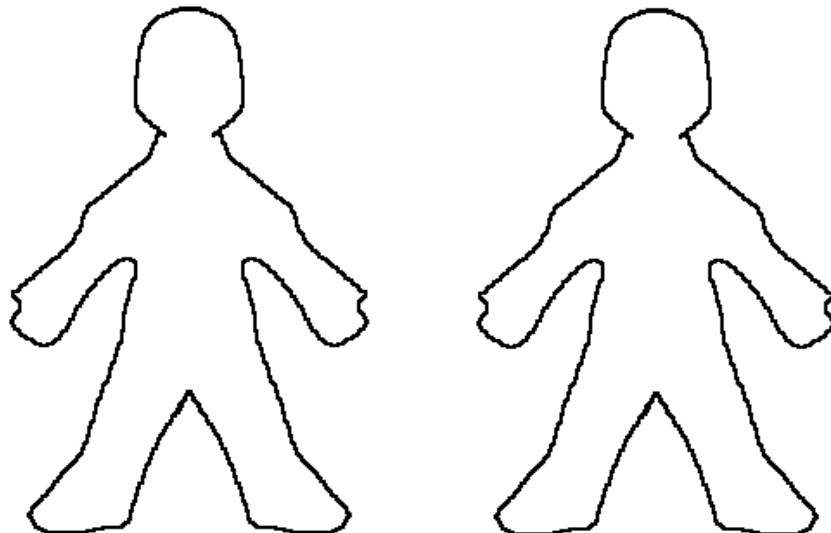
Where? _____

When? _____

Time? _____

Who was there? _____

If you were hurt, draw where it hurt:



Report given to: _____

Action taken: _____