



REST AREA VISITOR INCIDENT REPORT

SECTION 1: INCIDENT INFORMATION INVOLVING A VISITOR

<u>DATE</u>	<u>TIME</u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<u>FACILITY</u>	
County: _____		<input type="checkbox"/> Northbound	<input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound

DESCRIPTION :

SECTION 2: TOURIST/TRAVELER/WITNESS INFORMATION *(Attach additional pages as needed.)*

	NAME	ADDRESS	PHONE	COMMENTS
1.				
2.				

Additional Comments:

SECTION 3: TOURIST/TRAVELER INJURY INFORMATION *(Attach additional pages as needed.)*

Did anyone sustain injuries? Yes No

If yes, state who was injured and describe injuries sustained; indicate whether aid was provided and describe aid given.

	NAME	DESCRIPTION OF INJURY	AID PROVIDED	DESCRIPTION OF AID
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments:

NOTE: CSP employees are not responsible for providing aid to the visiting public. CSP employees will call 911 if visitors are unable to call for themselves.

SECTION 4: REPORTING INFORMATION

Staff Reporting Incident: _____ Staff on Duty: _____

Was a police report filed? Yes No

What other actions were taken? _____

 SIGNATURE OF EMPLOYEE REPORTING INCIDENT DATE DISTRICT PERSONNEL SIGNATURE DATE

This document was completed by a CSP employee at the request of the Kentucky Transportation Cabinet. It should not be construed as an expression of CSP's findings, beliefs, or statement of position. It contains only limited information, and the information may not be accurate or complete.

This report should be submitted to the District Office within twenty-four (24) hours of the incident.