



SAFETY / SECURITY INCIDENT REPORT

State Form 53708 (R3 / 10-18)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

E-mail within twenty-four (24) hours of an incident to:

PhysPlantOps@fssa.in.gov

Cc: Your Supervisor and Division Director or designee.

Name of person completing this report (<i>Last, First</i>)	Telephone Number ()	Job Title
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Name of supervisor (<i>Last, First</i>)	Telephone Number ()	Job Title
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Type of incident (*Check all that apply.*)

Staff / Client related: (*Note: If this is an injury or illness involving an FSSA employee, State Form 34401 MUST be used and submitted to FSSA Human Resources at FSSAHuman.Resources@fssa.in.gov in addition to this form being sent to PPO at PhysPlantOps@fssa.in.gov.*)

Accident Illness Injury Theft Threat Other:

Incident details

Date of incident (<i>month, day, year</i>)	Time of incident <input type="checkbox"/> AM <input type="checkbox"/> PM
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Location of incident

BDDS Local Office DFR Local Office DMHA Facility IGC VR Local Office Other:

Address (<i>number and Street, or intersection</i>)	City	State	ZIP Code	County
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Persons involved: (*If incident includes more than two persons, please continue on back of form.*) N/A

FSSA Employee Partner Staff Customer / Client Vendor Other:

Name (<i>Last, First</i>)	Gender	Ethnicity	Age	Height	Weight
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FSSA Employee Partner Staff Customer / Client Vendor Other:

Name (<i>Last, First</i>)	Gender	Ethnicity	Age	Height	Weight
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Information about stolen/missing equipment N/A

Detail the type of State of Indiana equipment stolen/missing, including the State property number, make, model, and serial number.

Was there confidential or secured data on the equipment? Yes No

If yes, what type of information?

Information about accident, illness, or injury N/A

Complete description of incident: (*In your own words: who, what, where, when, why, how, etc.*)

Motor vehicle accident involving a state vehicle N/A

State vehicle commission number	Police agency
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What led up to the accident? Give full details (*e.g. rear ended while stopped at stop sign.*)

Contacts already made

Emergency Services:

 Ambulance (*EMS*) Fire Department County EMA Local Hospital Police Department

State Services:

 FSSA Leasing FSSA Safety and Security Officer FSSA Human Resources / State Personnel IDOA Facilities

 IOT: Ticket number Response:

Other Services

 Telephone Company: Ticket number Response:

 Power Company: Ticket number Response:
Possible witness(es) to this incident

<input type="checkbox"/> FSSA Employee <input type="checkbox"/> Non-FSSA Employee	Name of witness (<i>Last, First</i>)	Telephone number ()
	Address (<i>number and street, city, state and ZIP code</i>)	
<input type="checkbox"/> FSSA Employee <input type="checkbox"/> Non-FSSA Employee	Name of witness (<i>Last, First</i>)	Telephone number ()
	Address (<i>number and street, city, state and ZIP code</i>)	
<input type="checkbox"/> FSSA Employee <input type="checkbox"/> Non-FSSA Employee	Name of witness (<i>Last, First</i>)	Telephone number ()
	Address (<i>number and street, city, state and ZIP code</i>)	

Additional information