

INCIDENT REPORT

PLEASE PRINT IN INK!

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

NAME OF INJURED: _____ **MALE/FEMALE AGE:** _____

PERMANENT ADDRESS: _____

_____ **PHONE:** (____) _____

LOCAL ADDRESS: _____ **PHONE:** (____) _____

LOCATION OF INCIDENT: (PLEASE BE DETAILED & ACCURATE) _____

TYPE OF INCIDENT: _____

OF PARTICIPANTS: _____

WEATHER CONDITIONS: _____

TERRAIN CONDITIONS AT THE SCENE: _____

DESCRIBE HOW INCIDENT HAPPENED OR HOW IT WAS DESCRIBED TO YOU:

GIVE DETAILED INFORMATION REGARDING THE LOCATION OF THE INCIDENT:

DESCRIBE THE COMPLAINT OR INJURY (IF ANY): _____

“QUOTE” ANY STATEMENTS MADE BY THE PARTIES: _____

WAS EMS CALLED? YES / NO IF YES, BY WHOM? _____

WAS INJURED PARTY EVALUATED BY EMS?

YES / NO

PRINT YOUR NAME: _____ **DATE:** _____

LOCAL ADDRESS: _____ **PHONE:** _____

YOUR SIGNATURE: _____ **DATE:** _____

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

***WHEN COMPLETE, TURN INTO YOUR SUPERVISOR FOR REVIEW**

DID YOU REMEMBER TO:

- 1) ATTACH THE PARTICIPANT LIST?
- 2) ATTACH THE RELEASE IF A MINOR?
- 3) COMPLETE THE ENTIRE FORM, INCLUDING YOUR NAME?

RETURN COMPLETED FORM TO RISK MANAGEMENT