

**APPENDIX C – Incident Report Form**

*This form is to be completed by adult team member within 12 hours of incident/accident.*

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person Name:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Phone Numbers:  
\_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Details of Incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was injured person?  
\_\_\_\_\_

Injury Type:  
\_\_\_\_\_

Does Injury require Hospital/Physician? Yes: \_\_\_\_ No: \_\_\_\_

Hospital Name and address:  
\_\_\_\_\_

Hospital Phone Numbers:  
\_\_\_\_\_

Injured person/Party Signature and Date: \_\_\_\_\_

**Important Notes and Instructions:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Prepared by* \_\_\_\_\_ *Date* \_\_\_\_\_