

Incident Report Form

page 1

Event Name _____ Date _____

Event Point of Contact _____ Phone _____

E-mail _____

Reporting Person _____ Title _____

Address _____

Phone _____ Alternate Phone _____

E-mail _____

Event Date _____ Event Type _____

Co-Sponsor _____ Point of Contact _____

Co-Sponsor Insurance (if any) _____

Date of Incident _____ Time _____ Injured Person _____

Address of Injured Person _____

Phone _____ E-mail _____

Type of Injury _____

Signed Waiver Form Attached? yes no

If no, where is form? _____

Witnesses: Name/Address/Phone/E-mail

Was injured party taken to the hospital? yes no Transported by Ambulance? yes no

Name and Address of Hospital _____

Physician _____

Use page 2 to report details of incident.

Incident Report Form

page 2

attach additional pages as necessary

1. Report actual circumstances of incident

2. Report all actions of event workers/witnesses, other people.

3. Report on any follow-up and/or suggestions made to person.

4. Report on any other action/activity relating to incident.

5. Attach event promotional materials, waivers, & witness statements