

# EVENT INCIDENT REPORT

No. \_\_\_\_\_

EVENT : \_\_\_\_\_

## GENERAL INFORMATION

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

Weather:  Clear  Rain  Cloudy  Temperature: \_\_\_\_\_

Light Level:  Dawn  Daylight  Dusk  Dark

Exact Location of Incident: \_\_\_\_\_

Number of People involved in Incident: \_\_\_\_\_

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

Other Identification/Bib # : \_\_\_\_\_

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

City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Event Participant  Volunteer  Staff  Other

Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Treatment: \_\_\_\_\_

\_\_\_\_\_

Any known pre-existing illness or disability?  Y  N

If yes, describe: \_\_\_\_\_

Paramedics/MICU Dispatched?  Y  N Transported to Hospital?  Y  N

Where: \_\_\_\_\_

Incident Classification:  Illness  Minor Injury  Major Injury

Incident Type:  Fall  Over-Exertion

Motor Vehicle Collision  Road Hazard

Animal/Insect bite/sting  Skating/Bike Related

Other : \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Your Name:** \_\_\_\_\_ Phone Number: \_\_\_\_\_