

Volunteer Incident Report

Name of Organization:	Name of Group Leader:
Name of Injured:	Group Leader Phone #:
Date of Incident:	Time of Incident:
Location:	

Type of Incident:

☐ Injury ☐ Property Damage ☐ Vehicle Accident ☐ Fire/Explosion

Injury:

Body part injured:

Describe treatment: ☐ First Aid ☐ Medical

Ambulance called: ☐ Yes ☐ No

Police notified: ☐ Yes ☐ No

Transportation:	Treatment facility:
-----------------	---------------------

Emergency contact information: ☐ Yes ☐ No

Name of person notified:	Emergency contact phone:
--------------------------	--------------------------

Incident Details:

Where & how did incident occur?	
Causes (tools, vehicles, environment, etc.)?	
Personal Factors (altitude, lack of knowledge, fatigue, etc.)?	
Name of injured:	Witness name:
Address:	Address:
City, state, zip:	City, state, zip:
Phone (home):	Phone (home):
Phone (cell):	Phone (cell):
E-mail:	E-mail:
Date of birth:	
Sex:	

Signatures:

Injured _____ Date _____

Group Leader _____ Date _____

Received by (Town employee) _____ Date _____