Brown County Visitor/Volunteer Incident Report (Rev.2010)

Please FAX a copy to Risk Management Immediately at (920) 448-4036

GENERAL INCIDENT INFORMATION: PLEASE PRINT & COMPLETE ALL SECTIONS

Type of Incident: ___ Injury ___ Property Damage ___ Theft ____Other		
Incident Date:	Time:	Date Reported:
Location of Incident:		

WHO WAS INVOLVED?

Visitor/Volunteer Name:			
Address:	City:	State:	Zip:
Phone Number:	Date of Birth:		
Was First Aid Given? YES NO			
Did anyone need Hospital Treatment? YES NO			
Were the Police or Sheriff's Dept. Informed? YES NO	Police/Sheriff Report Number:		

BODY PART INJURED		TYPE	CAUSE	TREATMENT
___ Head	___ Chest	___ Abrasion	___ Caught between	___ 1st Aid
	___ Abdomen	___ Burn	___ Automobile	___ Physician
___ Eye __Lt __Rt	___ Hip __ Lt __Rt	___ Contusion/Bruise	___ Fall	___ ER
___ Neck	___ Thigh __ Lt __Rt	___ Exposure	___ Lifting	___ Ambulance
___ Shoulder __Lt __Rt	___ Knee __ Lt __Rt	___ Fracture	___ Equipment	___ Rest
___ Back _Upper _Lower	___ Calf __ Lt __Rt	___ Laceration	___ Machinery	___ On-Site Nurse
___ Arm __Lt __Rt	___ Ankle __ Lt __Rt	___ Puncture	___ Other Person/Client	___ Other
___ Elbow __Lt __Rt	___ Foot __ Lt __Rt	___ Sprain/Strain	___ Other Physical Activity	
___ Wrist __ Lt __Rt	___ Toe __ Lt __Rt	___ Sliver/Foreign Body	___ Struck against	
___ Hand __Lt __Rt	___Internal	___ Other	___ Struck by	
___ Finger __Lt __Rt	___ Other		___ Other	

ADDITIONAL INCIDENT INFORMATION: PLEASE PRINT

What Happened? (Brief description of incident):

Details of Person Reporting Incident (If different from above):

Name:			
Address:	City:	State:	Zip:
Telephone Number:			
Name of Witnesses:			
Corrective actions taken to fix any contributing problems:			

OTHER DOCUMENTS ATTACHED: ___ Law Enforcement Report ___ Pictures ___ Other

I hereby certify that all statements made on this report are true, complete and accurate to the best of my knowledge and belief.

SIGNATURES: _____ **Date:** _____

(Visitor or Reporting Person)