FIELD TRIP ACCIDENT/INCIDENT REPORT FORM

INCIDENT INFORMATION	
1. Incident Date	5. Location of Incident
2. Time of Incident	
3. Photos Taken? Yes ☐ No ☐	6. Description of Incident - Include conditions present at the time of loss
4. Who took the photos?	

PARTICIPANT INFORMATION		
6. Participant's Name	7. Home Phone	8. Home Address
9. Date of Birth	10. Work Phone	11. Work Address
12. Gender F ☐ M ☐	12. Incident involves: (check all that apply) STUDENT ☐ EMPLOYEE ☐ OTHER ☐	
14. Police Called? Yes ☐ No ☐	15. Police Agency	
16. Police Report Case Number	17. Police Officer's Name	

18. Witness Information		
Name	Address (City, State, Zip)	Phone (Include Area Code)

INJURY LOSS INFORMATION	
19. If the accident/incident resulted in bodily injury, describe the nature of the injury (Ex. burn cut, fracture, etc.):	
21. Was first aid given? Yes ☐ No ☐	26. Describe the first aid given. Was first aid refused?
22. Who administered first aid?	
23. Was an ambulance called? Yes ☐ No ☐	
24. Was the injured party taken to the emergency room or a doctor? Yes ☐ No ☐	
25. Where was the injured party taken for treatment?	

PROPERTY DAMAGE LOSS INFORMATION
27. If the accident/incident resulted in property damage, give a description of the items:
28. Describe the nature and extent of the damages to the property:

REPORTING INFORMATION	
31. Reporting Employee	32. Title of Reporting Employee
33. Signature of Reporting Employee	34. Date of Report