

# 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	