



Accident-Incident Report Form

Virginia Society, Sons of the American Revolution

Version: **March, 2026**

1. **Date of this report** (MM/DD/YYYY): _____

2. **Type:** Accident Incident Other _____

3. **Location:** _____

4. **Date** (MM/DD/YYYY): _____

5. **Time:** _____ (am or pm)

6. **Responsible VASSAR Chapter/Unit:** _____

POC name : _____

Phone: _____

7. **Name of Injured or Involved Person(s):**

a. _____ Age: _____ Sex: _____

b. _____ Age: _____ Sex: _____

c. _____ Age: _____ Sex: _____

8. **Name/Addresses of Witnesses** (each witness should attach a signed statement of what happened; provide an email address; mobile phone # of witness; or business cards):

a. _____

Address: _____ State: _____ Zip: _____

Phone: _____

b. _____

Address: _____ State: _____ Zip: _____

Phone: _____

c. _____

Address: _____ State: _____ Zip: _____

Phone: _____

9. **Describe the Incident in Detail:** (Note the type of activity taking place at the time of the Incident. Describe any property and/or equipment involved. Identify any property damage to a guest or member of the general public. Digital photos or videos from handheld mobile devices are encouraged.)

(Use additional pages as necessary; or create a separate email)

10. Diagram of the Incident:

11. Describe emergency medical procedures followed (if applicable; identify the EMS response team by their city, town or county name):

Treatment given First aid First responders (EMT) Hospitalization

Notes: _____

12. Were the Next of Kin Notified? Yes No Not applicable

How?: _____ When?: _____

By whom?: _____ Title: _____

13. Were digital photographs taken of the incident & at site? If so, who took them?

Notes: _____

14. Was a Police report filed? Yes No **When can a copy be obtained?**

15. Name of person completing report (print): _____

Signature: _____

SAR Position/Role: _____

Mobile Phone #: _____