

10. Diagram of the Incident:



11. Describe emergency medical procedures followed (if applicable):

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 of the incident & site taken? If so, who took them?

Notes: _____

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

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

Signature: _____

Position/Role: _____

Phone: _____