

## **Incident Report Form**

Date & time	Incident Location	_
Name of injured person: _		
Witness names (who saw	t happen, if any):	
Personal Data:		
Street Address:		
	Email address:	
	(optional) Sex: (optional)	
Was the individual:		
Participating in a CYC even	nt or activity? Yes No If yes, what event/activity	
With a CYC staff or volunte	eer? Yes No If Yes, Name of staff/volunteer:	
Incident:		
State the injured person's	description of Incident, including how it happened:	
Described signs (things ye	u can see) and symptoms (things you are told) of the injury. (For example, location of injury, b	
	er injured person can walk unassisted, etc Do not speculate diagnoses, i.e. appears to have	_
concussion, or seems to ha		а
concussion, or seems to m	We broken his drikte.	
Relevant witness commen	ts, if any:	
	(ELIP OVER)	



Did the Incident require first aid? Yes No	
If yes, where and by whom was first aid applied?	
Did the Incident require a call to 911, evacuation, or other If yes, please explain:	professional medical treatment? Yes No
Conditions, if relevant:	
Approximate air temperature:	
Weather conditions: Sunny Cloudy Raining Other:	<u>:</u>
Approximate wind speed and direction, if known/applicable	e:
Waves, if known/applicable: Calm Choppy Stormy De	etails:
Response:	
What safety measures were in effect at the time? (be speci	ific, include information on immediate response to incident)
Submitted by:	
	Ву:
(signature)	
. 5	Printed Name, title (if applicable)
Name of CYC Officer/Business Staff receiving form:	
Date:	
	@cycseattle.org with title — "Incident Form — (date of incident)"



## Incident Report Form – Leadership/Office After Action Review

Date and Time and Name of Injured Party:	
Completed by:	Title:
Resolution steps/actions	
Should insurance or some other entity be not	ified? If so, by who, when, and specify results
Does a policy change at CYC need to occur?	
Other comments:	