

Friends of the Columbia Gorge **Incident Report**

Person Involved/Injured:			
Address:		Telephone:	
Email:			
Incident Information			Type
Date:	Time:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Near miss <input type="checkbox"/> Illness <input type="checkbox"/> Behavior
Witnesses:			
Incident: BE SPECIFIC, detailed and factual. Do not editorialize or make assumptions.			
Circumstances and actions leading up to incident:			
Describe incident and response:			
Actions taken after incident:			
Was medical treatment provided? <input type="checkbox"/> Yes? <input type="checkbox"/> No? <input type="checkbox"/> Refused? If yes, where was the treatment provided? <input type="checkbox"/> Onsite? <input type="checkbox"/> Urgent Care/ER? <input type="checkbox"/> Other?			
Name of Leader:			Telephone:
Name of Shepherd/Asst. Leader:			Telephone:

If a Friends' first aid kit was used, please list supplies used on the back so they can be replaced. 2/08/2019