|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | | | | | |
| Date of report:       /       / | | | Ministry: | | | | | | | |
| **Person Preparing Report** | | | | | | | | | | |
| Name: | | | | | | | | | Position: | |
| Address: | | | | | | | | | | |
| Phone Number: (       )       - | | | | | | | | Email: | | |
| **Incident Information** | | | | | | | | | | |
| Name of injured person: | | | | | | | | | | Birth date/age: |
| Date of Incident:       /       / | | | Time of Incident: | | | Location of Incident: | | | | |
| Name of Leader: | | | | | Phone Number: (      )       - | | | | | |
| Name of Witness: | | | | | Phone Number: (     )       - | | | | | |
| Name of Witness: | | | | | Phone Number: (      )       - | | | | | |
| Describe the incident: | | | | | | | | | | |
|  | Front | Back | | | | | Describe the Injury: | | | |
| Indicate where injury is on body. |  | | | | | |  | | | |
| Were paramedics necessary?  Yes  No  If so, were paramedics called?  Yes  No  If a minor, were guardians notified?  Yes  No | | | | Signature of person preparing report:  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

**Injury Report**

**Property Damage Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Information** | | | | |
| Date of report: | Ministry: | | | |
| **Person Preparing Report** | | | | |
| Name: | | Position: | | |
| Address | | | | |
| Phone Number: (      )      - | Email: | | | |
| **Incident Information** | | | | |
| Name of person who’s property was damaged: | | | | |
| Phone Number: (     )       - | Email: | | | |
| Date of Incident:       /      / | Time of Incident: | | | |
| Location of Incident: | Damaged by: | | | |
| Damaged Item: | | | | Approx. Cost: $ |
| Describe incident and type of damage: | | | | |
|  | | | | |
| Was the person who’s property was damaged present at time of incident?  Yes  No  If not present, were they informed of damage?  Yes  No | | | Signature of person preparing report:  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

\*If possible, please provide photo(s) of damaged item.