



# Incident Report Form

## INCIDENT REPORTING PROCEDURE

### Injured Party

Complete all items to the best of your ability, sign and date the form. Immediately give it to the person supervising your activity at The Barn.

### Supervisor

Submit this form to the President or other Board Member of The Dramateurs, Inc. immediately upon receipt.

### General Information

Claimant's Name	DOB	<input type="checkbox"/> Member <input type="checkbox"/> Visitor
Name of Parent or Guardian (if under 18)	Home Phone / Cell Phone H: _____ / C: _____	
Address (Street, City, State and Zip)	Email Address	
Description of Injury		
Transported by Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and phone number of Hospital or Doctor (if applicable)	

### Incident Information

Date of Incident	Day of the Week (circle one) Mon Tues Wed Thurs Fri Sat Sun	Time of Incident AM / PM	Did the incident occur on the Barn's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of incident (If possible, take pictures of the area with a digital camera)			
Description of Incident (A brief factual account of the incident; include who was involved and how the incident occurred)			

### Observations of Supervisor

Claimant's Attire/Description of clothing (i.e. short, t-shirt)	Type of shoes	Was claimant carrying anything? <input type="checkbox"/> No <input type="checkbox"/> Yes -
Describe claimant's demeanor when making the report (i.e., agitated, in obvious pain, able to move around, etc.)		

### Witness Information

#	Name	Daytime Phone	Email Address	DOB
1				
2				

Claimant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_