



# Personal Incident Report

Return completed form to:  
 Volunteer Administrator  
 New York-New Jersey Trail Conference  
 156 Ramapo Valley Road, Mahwah, NJ 07430  
 Ph: 201.512.9348 email: volunteers@nynjtc.org

INCIDENT DETAILS				
Location (Street, Trail, GPS coordinates, etc.):				
City:	State:	Zip:	Date:	Time:
Nature of Incident: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Other: _____				
*Description of Incident:				
VICTIM (if any)				
Name (First, MI, Last):			Birth Date (if under 18):	
Address:		City:	State:	Zip:
<input type="checkbox"/> M <input type="checkbox"/> F	Email:	Phone:		<input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell
Supervisor Name & Position:		Supervisor Phone: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell		
PARTICIPANT (if any; use reverse side if more than one participants)				
Name (First, MI, Last):				
Address:		City:	State:	Zip:
Email:		Phone: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell		
<input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (if under 18):	Vehicle License #:		
*Other Relevant Information:				
WITNESS INFORMATION (Use reverse side if more than one witness)				
Were there any witnesses to the incident?		If yes, please write name, address & phone number of each witness on back of this form:		
Address:		City:	State:	Zip:
Email:		Primary Phone <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell		
*Other Relevant Information:				
REPORTED BY				
Name (First, MI, Last):			Relationship to Victim:	
Address:		City:	State:	Zip:
Email:		Primary Phone <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell		
*Other Relevant Information				
I certify that the information I have given is true, complete and correct to the best of my knowledge:				
Signature:			Date:	

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 \*Please use reverse side for additional information