**Trail Conference Personal Incident Report**

Return completed form via e-mail to volunteer@nynjtc.org OR

via mail/in-person at 600 Ramapo Valley Road, Mahwah, NJ 07430
*Note: This form MUST be filed even if medical treatment or an insurance claim is not sought*

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| INCIDENT DETAILS |
| Location (Park, Street, Trail, GPS coordinates, etc.): |
| City: | State: | Zip: | Date: | Time: |
| Nature of Incident: IllnessInjuryAbuse or NeglectCrimeOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Description of incident. Be specific with as many details as possible (i.e. what was injured, how, when, etc.):  |
| Has the incident been resolved?Yes No | Was incident reported to law enforcement, fire, or search/rescue? Yes No |
| INJURED (if any) |
| Person 1:  Staff  Volunteer  Corps Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crew |
| Name (First, MI, Last):  | Birth Date:*If minor, guardian’s information gets recorded in Involved Persons* |
| Address:  | City: | State: | Zip: |
| M F | Email: | Phone: |  |
| Was first aid administered?Yes No | If yes, describe treatment and if applicable, name of doctor/hospital/medical provider: |
| Was treatment refused by injured?Yes No **Note: If yes, a Refusal of Care Form must be filled out** |
| Injured person’s emergency contact notified Yes No |  Emergency medical services needed  Yes No |
| Person 2:  Staff  Volunteer  Corps Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crew |
| Name (First, MI, Last): | Birth Date:*If minor, guardian’s information gets recorded in Involved Persons* |
| Address:  | City: | State: | Zip: |
| M F | Email: | Phone: |  |
| Was first aid administered?Yes No | If yes, describe treatment and if applicable, name of doctor/hospital/medical provider: |
| Was treatment refused by injured?Yes No **Note: If yes, a Refusal of Care Form must be filled out** |
| Injured person’s emergency contact notified Yes No |  Emergency medical services needed  Yes No |
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| INVOLVED PERSONS (if any besides injured person(s); includes a minor’s guardian information) |
| Person 1:  Staff  Volunteer  Corps Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crew  Minor’s Guardian |
| Name (First, MI, Last):  |
| Address:  | City:  | State: | Zip: |
| Email: | Phone: |  |
| M F | Birth Date: | Vehicle License #: |
| What role did this person play in the incident? Other Relevant Information? |
| Person 2:  Staff  Volunteer  Corps Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crew  Minor’s Guardian |
| Name (First, MI, Last):  |
| Address:  | City:  | State: | Zip: |
| Email: | Phone: |  |
| M F | Birth Date: | Vehicle License #: |
| What role did this person play in the incident? Other Relevant Information? |
| WITNESS INFORMATION (if any) |
| Name (First, MI, Last): |
| Address:  | City:  | State: | Zip: |
| Email: | Phone:  |  |
| Other Relevant Information: |
| REPORTED BY |
| Name (First, MI, Last): |
| Address:  | City:  | State: | Zip: |
| Email: | Phone: |  |
| Date and Time Incident Reported to Trail Conference Staff: |
| Describe Relationship to Incident: |
| I certify that the information I have given is true, complete and correct to the best of my knowledge: |
| Signature: | Date: |