



TENNESSEE BAPTIST MISSION BOARD DISASTER RELIEF



INCIDENT / INJURY REPORT

(ALL AREAS MUST BE COMPLETED BEFORE BEING PROCESSED.)

Incident Report

Date: _____ Time: _____

Name of Injured Person _____

Date of Birth _____ Social Security Number _____

Name of Unit: _____

Type of Unit: _____

Location of Incident: _____

Unit Director (Blue Cap): _____



Owner of Property: _____

Address: _____

Home Phone: _____ Work Phone: _____

Injuries to Volunteer: _____

Property Damage: _____

Narrative: _____

Emergency Notification Made by: _____

Emergency Notification Made to whom: _____

Crew Chief or Unit Director

Incident Commander

Date Reviewed: _____

Decision: _____

State Disaster Relief Director

Name of Victim _____

When did the injury or incident occur? _____

What was the individual doing?

How did the accident happen? (include equipment or materials involved)

Conditions present (weather/physical conditions:

Describe the injury/incident:

Was first aid administered to the injured? YES NO By whom? _____

What was the procedure of treatment for the injured?

Referred to: Physician Nurse Clinic Hospital Name _____

By whom? _____ Time: _____

Other information:

Photos taken/By whom? _____

Witnesses: _____

Crew Chief or Unit Director