



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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unit Director