GIRLS ON THE RUN®
Accident-Incident Report

Program Location:_____

Staff:_____ # Participants:_____ # Volunteers:_____

Name:_____ (circle) staff / participant Age:_____

Incident Date:_____ Time:_____ am/pm

Geographic Location of Incident:_____

WEATHER at time of incident: _____ Temp (F): _____

Precipitation (circle): Rain Snow None _____

Surface condition (circle): wet dry snow ice rock uneven flat sloped

TYPE OF INCIDENT: (Check each applicable category)

Injury _____ Illness _____ Motivation/Behavior _____ Near Miss _____

Did the victim leave the program? _____NO _____YES

Evacuation method (circle): walked unassisted carried vehicle ambulance helicopter

Did the victim visit a medical facility? _____NO _____YES If Yes, length of stay ___day(s)

Did the victim return to the program? _____NO _____YES If Yes, on what date _____

Was there damage to (circle): equipment property vehicle?

TYPE OF INJURY: (Check all that apply)

___bruise, contusion, or similar soft-tissue trauma
___muscle strain
___frostbite
___fracture
___dislocation
___head injury with loss of consciousness
___head injury without loss of consciousness
___sunburn
___other_____
___ligament sprain
___tendonitis
___eye injury
___dental or tooth-related
___blister(s)
___laceration
___skin abrasions

ANATOMICAL LOCATION OF INJURY:

___Head
___Face
___Eye
___Neck
___Shoulder
___Upper Arm
___Elbow
___Forearm
___Wrist
___Hand/Fingers
___Chest
___Abdomen
___Upper Back
___Lower Back
___Pelvis
___Hip
___Thigh
___Knee
___Lower Leg
___Foot/Toe
___Ankle

TYPE OF ILLNESS: (Check all that apply)

___allergic reaction
___mild or localized
___severe, generalized or anaphylaxis
___hypothermia (specify core temperature if known ___F/___C)
___heat illness (specify core temperature if known ___F/___C)
___heat exhaustion
___heat cramps
___heat stroke
___chest pain or cardiac condition

___upper respiratory illness (runny nose, congestion, “cold”)
___upper respiratory illness (other:_____)
___asthma
___abdominal or other gastrointestinal problem without diarrhea
___diarrhea
___apparent food-related illness
___nonspecific fever illness
___skin infection
___eye infection
___other _____

POSSIBLE CONTRIBUTING CAUSES: (prioritize major applicable categories 1, 2, 3, etc.)

___Cold Exposure
___Carelessness by participant
___Dark/poor visibility
___Dehydration
___Exceeded ability
___Exhaustion
___Fall/Slip
___Failure to follow instructions
___Falling tree/branch
___Lightning
___Preexisting medical condition
___Misbehavior
___Overuse injury
___Hazardous animal /insect(specify)_____
___Plant poisoning
___Psychological
___Poor technique
___Weather
___Other (explain)_____

OTHER QUESTIONS:

Has the injured party signed a release and is it available?_____

Has the injured party participated in this activity at this location before?_____

Does the injured party presently have any type of medical coverage? _____YES _____NO

If “yes” please specify the name of the Company _____

Did the injured party contribute to the accident in any way? _____

Did the injured party refuse first aid? _____

Did another participant contribute to the injury? (Describe) _____

_____

Were there warnings or instructions that were not heeded? _____

Were there other people injured in this accident? (Describe) _____

_____

WITNESS(ES):

Name_____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Work Phone_____

Name_____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Work Phone_____

NARRATIVE: Describe the incident. What, how, and when it happened, any medical treatment, and the final medical outcome or diagnosis. Include only the facts as you know them. Include no supposition or subjective opinions.

VICTIM'S NARRATIVE: Describe the events leading up to the accident/incident in the victim's own words.

Report prepared by:_____ Position:_____

Date:_____

Signature:_____Date:_____