

# Incident Report

CAMP: ☐ Antlers ☐ Brauer Education Center ☐ Camp Huntington ☐ Hoxie Gorge ☐ Off site Date \_\_\_\_\_

Date of Incident/Accident \_\_\_\_\_ Hour \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Month Day Year

Name of Person involved

\_\_\_\_\_  
Last First Middle Sex: ☐ Male ☐ Female Age \_\_\_\_\_ ☐ Camper ☐ Staff ☐ Visitor  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area/number

Name of Parent/Guardian (if minor) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area/number

Type of incident ☐ Accident ☐ Illness ☐ Near miss ☐ Other Number of persons injured/ill \_\_\_\_\_

Type of Injury or illness (abrasion, burn, concussion, etc.) \_\_\_\_\_

Area of the body affected (wrist, nose, etc.) \_\_\_\_\_

Describe the sequence of activity in detail including what the person was doing at the time \_\_\_\_\_

Where occurred? (Specific location, including location of injured and witnesses. Use diagram to locate persons/objects)

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Victim's signs and symptoms:

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Emergency procedures followed at time of incident/accident? \_\_\_\_\_

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Medical Assistance provided by ☐ Staff ☐ Ambulance ☐ Hospital

Transport to medical facility? ☐ Yes ☐ No By whom? \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Diagnosis and treatment at medical facility

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Any equipment involved in accident? ☐ Yes ☐ No If so, what kind? \_\_\_\_\_

What could have been done to prevent this? \_\_\_\_\_

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Name of Witnesses (You may wish to attach signed statements)

_____	_____ (____) _____
	phone
_____	_____ (____) _____
	Phone

If ill/injured was a minor, were parents notified? ☐ Yes ☐ No By whom \_\_\_\_\_ Time \_\_\_\_\_  
Date and Time

Report completed by \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name Sign/Date

E-mail: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone

Routing Information: ☐ Camp Director ☐ Program Leader ☐ Department Chair ☐ Administration  
Name Name Name Name

RKJ (2/14)

SUNY Cortland Center for Environmental and Outdoor Education