

Washington DeMolay Incident Report Form

Event of Incident: _____ Date & Time of Incident: _____

Name of Person Injured: _____ Phone Number Of Injured: _____

Name of Chapter: _____ Name of Chapter Advisor Present: _____

Description of Incident: _____

(Use additional pages if necessary.)

Witnesses to Incident:

CHAPTER	NAME	ADDRESS	PHONE
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Description of Action Taken: _____

First Aid Given, Describe: _____

Ambulance Called Y N Advisor Transported to Dr. Y N Called Parents Y N

REPORTER INFORMATION

Name: _____

Address: _____

City: _____ WA. Zip: _____

Home Phone: _____ Work/Cell: _____

Date of Report: _____ Follow Up Phone Call By: _____

Use Back of this Page for additional notes. Note dates and times of talking to injured person and what care is being given.

When Completed, Send It To:

Washington DeMolay Office ~ 1111 A Street, Suite 1919, Tacoma, WA 98402 ~ Email office@wademolay.org