



Incident reports should be completed by the volunteer, staff or health professional who is at the incident site. The form should also be used when an incident is reported by phone to staff.

Please complete both sides of the form.

Name of ill/injured person:	Age:	Troop /Group#:	
Address of injured person:			
Date of incident:	Time	of incident:	
Location of incident:			
Address of incident:			
□ Girl □ Volunteer □ Staff □ Other (Explain): Description of incident (Please pro			

United Way

4640 Trindle Road, Camp Hill, PA 17101 717.233.1656





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Has the injured person been hospitalized:	
If the injured person is an employee, have they	y missed 4 or more days of work due to the
injury? Yes No	
injury i	
injury:	
Witness Name, Address, Phone and Email:	Witness Name, Address, Phone and Email:
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