

WMC ACCIDENT/INJURY REPORT

INJURED PERSON'S NAME: _____

DATE AND TIME OF INJURY OR INCIDENT: _____

WHO WAS INVOLVED, INCLUDING ALL WITNESSES: _____

ACTIVITY OR LOCATION INJURY OR INCIDENT OCCURRED ON: _____

DESCRIPTION OF WHAT HAPPENED (Attach additional page if necessary):

WAS MEDICAL ATTENTION NECESSARY? IF SO, WHAT? _____

COMMENTS FROM THE INJURED PERSON AND/OR WITNESS: _____

TRIP ORGANIZER'S PRINTED NAME AND PHONE NUMBER: _____

TRIP ORGANIZER'S SIGNATURE: _____

CORRESPONDING ACTIVITY DIRECTOR'S SIGNATURE: _____

THIS REPORT IS DUE AT THE FIRST BOARD MEETING AFTER THE
INCIDENT/ACCIDENT (FIRST WEDNESDAY OF THE MONTH)

PLEASE ATTACH A COPY OF THE RELEASE FORM