FIRST PRESBYTERIAN
Ann Arbor | Michigan

INCIDENT REPORT

Name(s) _____ Incident Date _____

Emergency Contact Name & Number _____

Incident Location _____

_____

Reported by _____

Individual is a (check all that apply)

☐ Infant ☐ Child ☐ Youth

☐ Staff Member ☐ Adult

DOB: _____

Did the incident involve apparent injuries?

☐ Yes ☐ No (If yes, complete page 2)

Is individual taking Blood Thinners?

☐ Yes ☐ No

INCIDENT

☐ Allergic Reaction
☐ Animal/insect bite/sting
☐ Assault/Non-sexual
☐ Assault/Sexual
☐ Cardiac Event
☐ Caught in, on, or in between an object
☐ Collision (with object)
☐ Collision (participant/participant)
☐ Overextension
☐ Property Damange
☐ Slip/Fall
☐ Struck by falling/flying object
☐ Theft
☐ Transportation-related
☐ Other

State the facts of Who, What, Where, When, Why and How the incident happened

_____

_____

_____

WITNESS(ES)

Name: _____ Phone: _____

Name: _____ Phone: _____

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Complete this section ONLY if an injury occurred

Description of Care

No care given:
- ☐ Not Needed
- ☐ Person Refused

Released:
- ☐ To Parent
- ☐ To Personal Vehicle

Referral:
- ☐ To Doctor
- ☐ To Hospital or Urgent Care

EMS Transport:
- ☐ First Responder Recommended
- ☐ Patient/Parent Requested

Body Part Injured

☐ Ankle	☐ L	☐ R	☐ Nose
☐ Knee	☐ L	☐ R	☐ Head
☐ Leg	☐ L	☐ R	☐ Tooth
☐ Foot	☐ L	☐ R	☐ Back
☐ Toe	☐ L	☐ R	☐ Neck
☐ Arm	☐ L	☐ R	☐ Internal
☐ Hand	☐ L	☐ R	☐ Cardiac
☐ Shoulder	☐ L	☐ R	☐ No injury
☐ Wrist	☐ L	☐ R	☐ Other (list below)
☐ Finger	☐ L	☐ R	
☐ Eye	☐ L	☐ R	
☐ Ear	☐ L	☐ R	

Did the person(s) involved resume his/her/their activities? ☐ Yes ☐ No

If no, please explain

_____

_____

_____

Signature of person filing report _____

Date _____