

## REPORT OF INCIDENT/ACCIDENT/ILLNESS FOR PUBLIC EVENTS AT MILITARY FACILITIES

\*\*Please type or print information. Send completed form to Oregon Military Depart., Attn: AGP, PO Box 14350, Salem, OR 97309  
Form needs to be completed within 48 hours of incident. Questions, contact AGP at 503-584-3581

1. NAME OF INDIVIDUAL:	2. MAILING ADDRESS:	3. CONTACT PHONE NUMBER:
4. EMERGENCY CONTACT NAME & PHONE NUMBER:	5. NAME OF EVENT AND CONTRACT NO.	
6. TYPE OF EVENT:	7. RELATIONSHIP TO EVENT – STAFF OR PATRON	
8. TYPE OF INJURY & EXTENT OF INJURY (Body part or location of pain):		
9. LOCATION WHERE INJURY OCCURRED:		
10. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS:		
11. DATE REPORTED:	12. REPORTED TO WHOM:	
13. WITNESS (attach statement if necessary)  RELATIONSHIP: _____  NAME: _____  PHONE: _____	WITNESS (attach statement if necessary)  RELATIONSHIP: _____  NAME: _____  PHONE: _____	
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred):  _____  _____  _____		
15. DESCRIBE FIRST AID/MEDICAL TREATMENT:  _____  _____  _____		
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):	17. MEANS OF TRANSPORTATION:	
18. INJURED INDIVIDUALS WRITTEN COMMENTS:  _____  _____  _____		
19. PARTY COMPLETING FORM SIGNATURE:	20. PRINT NAME:	21. DATE:
22. ARMORY RENTAL MANAGER SIGNATURE:	23. DATE:	
24. SAFETY MANAGER SIGNATURE:	25. DATE:	
26. RISK MANAGER:	27. DATE:	