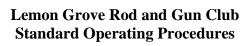
### Appendix G -Injury Incident Report Form

approved 27 April, 2015

Name of Person Reporting Incident:								
W	as an RSO on duty: Yes 🗌 No 🗍 RSO Name 🔝							
Injured Person Information								
Na	ime:	Date of Injury:						
Ac	ldress:	Time of Injury:						
Na	ume of Parent or Legal Guardian Present:							
Те	lephone Number - Daytime:	Evening:						
1.	Did you observe the incident being reported? Yes	] No []						
2.	Describe nature and extent of injury (specific part of be	ody):						
3.	Describe how the injury occurred:							
4.	Describe first aid given:							
5.	5. First aid was provided by (give name and phone number):							
6.	Disposition (specify names of hospital, telephone numbers, time of transport, etc.):							
		• • • •						
7	Notify next of kin (specify time contacted, name of person, and method):							
, -	Trong new or kin (speen) time contacted, name or person, and method).							
Q	Location of incident and conditions of area:							
ο.	Location of incident and conditions of area:							
0								
9.	Was protective equipment worn (if applicable)?							

and attach to Participation Observation form a	nge at the time of the incident. Use attachments as needed.
Observer 1	Information
Observer Name:	
Observer Address:	
Observer Phone Number – Daytime:	Evening:
Statement attached: Yes No No	
Observer 2	2 Information
Observer Name:	
Observer Address:	
Observer Phone Number – Daytime:	Evening:
Statement attached: Yes No No	
Observer 3	Information
Observer Name:	
Observer Address:	
Observer Phone Number – Daytime:	Evening:
Statement attached: Yes No No	
2. Notes and Comments:	

13. Participation form completed by	oy: Name:	
Date:	Signature	
14. Disposition and follow up:	Name:	
Date:	Signature:	



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# Range Participant Observation Form

# Observer Attachment

1.	Date of Injury:					
2.	Observer Name (print):					
3.	Observer Address (print):					
4.	Daytime Phone: Evening Phone:					
	Please answer the following questions in the space provided below in your own words:  a. Did you observe the incident?  b. Describe the nature and extent of the injuries.  c. Describe how the injury occurred.  d. Describe the first aid given.  e. First aid was provided by whom?  f. Describe the area and condition where the injury occurred.  g. Describe any protective equipment worn by the injured person at the time of the inciden					
5.						

Signed:	 	 
Date:		
Date.		

6.