

**Pioneer Quilters Guild
Incident/Accident Report**

Date and time of incident: _____

Name of person involved: _____

Where did the incident occur? _____

What happened? _____

Was 911 called? Yes _____ No _____ If yes, attach any report.

Incident/accident resulted in: Injury _____ Property Damage _____

Was any medical treatment given? _____

Name(s) of Witness(es): _____

Were pictures taken of the injury or site of incident? Yes _____ No _____

Additional information (if any): _____

Reporting person: _____

Signature: _____ Date: _____

(after completing report, please give this form to the Guild Secretary)