

Name and Contact Information of those who witnessed the Accident/ Injury/ Illness?	
Describe any, emergency treatment administered at the scene of the Accident/ Injury/ Illness	
Describe any medical treatment following the Accident/ Injury/ Illness	

Section C: To be completed by Association and Employee, Volunteer or Participant together	
What caused the Accident/ Injury/ Illness? Why do you think this?	

Signature of Injured Individual

Signature of Supervisor

Date: _____

Date: _____