**Trail Conference Personal Incident Report**

Return completed form via e-mail to volunteer@nynjtc.org OR

via mail/in-person at 600 Ramapo Valley Road, Mahwah, NJ 07430  
*Note: This form MUST be filed even if medical treatment or an insurance claim is not sought*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INCIDENT DETAILS | | | | | | | | | | | | | | | | | | |
| Location (Park, Street, Trail, GPS coordinates, etc.): | | | | | | | | | | | | | | | | | | |
| City: | | | State: | | | Zip: | | | | | | | Date: | | | | | Time: |
| Nature of Incident: IllnessInjuryAbuse or NeglectCrimeOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Description of incident. Be specific with as many details as possible (i.e. what was injured, how, when, etc.): | | | | | | | | | | | | | | | | | | |
| Has the incident been resolved?Yes No | | | | | Was incident reported to law enforcement, fire, or search/rescue? Yes No | | | | | | | | | | | | | |
| INJURED (if any) | | | | | | | | | | | | | | | | | | |
| Person 1:  Staff  Volunteer  Corps Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crew | | | | | | | | | | | | | | | | | | |
| Name (First, MI, Last): | | | | | | | | | | Birth Date: *If minor, guardian’s information gets recorded in Involved Persons* | | | | | | | | |
| Address: | | | | | | | | City: | | | | | State: | | Zip: | | | |
| M F | Email: | | | | | | | | | | Phone: | | | | | |  | |
| Was first aid administered?Yes No | | | | If yes, describe treatment and if applicable, name of doctor/hospital/medical provider: | | | | | | | | | | | | | | |
| Was treatment refused by injured?Yes No **Note: If yes, a Refusal of Care Form must be filled out** | | | | | | | | | | | | | | | | | | |
| Injured person’s emergency contact notified Yes No | | | | | | | | | Emergency medical services needed  Yes No | | | | | | | | | |
| Person 2:  Staff  Volunteer  Corps Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crew | | | | | | | | | | | | | | | | | | |
| Name (First, MI, Last): | | | | | | | | | | Birth Date: *If minor, guardian’s information gets recorded in Involved Persons* | | | | | | | | |
| Address: | | | | | | | | City: | | | | | State: | | Zip: | | | |
| M F | Email: | | | | | | | | | | Phone: | | | | | |  | |
| Was first aid administered?Yes No | | | | If yes, describe treatment and if applicable, name of doctor/hospital/medical provider: | | | | | | | | | | | | | | |
| Was treatment refused by injured?Yes No **Note: If yes, a Refusal of Care Form must be filled out** | | | | | | | | | | | | | | | | | | |
| Injured person’s emergency contact notified Yes No | | | | | | | | | Emergency medical services needed  Yes No | | | | | | | | | |
| Continue on Back | | | | | | | | | | | | | | | | | | |
| Page 2: Trail Conference Personal Incident Report | | | | | | | | | | | | | | | | | | |
| INVOLVED PERSONS  (if any besides injured person(s); includes a minor’s guardian information) | | | | | | | | | | | | | | | | | | |
| Person 1:  Staff  Volunteer  Corps Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crew  Minor’s Guardian | | | | | | | | | | | | | | | | | | |
| Name (First, MI, Last): | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | City: | | | | | | State: | | | Zip: | | |
| Email: | | | | | | | | | | | Phone: | | | | |  | | |
| M F | | Birth Date: | | | | | | | | | Vehicle License #: | | | | | | | |
| What role did this person play in the incident? Other Relevant Information? | | | | | | | | | | | | | | | | | | |
| Person 2:  Staff  Volunteer  Corps Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crew  Minor’s Guardian | | | | | | | | | | | | | | | | | | |
| Name (First, MI, Last): | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | City: | | | | | | State: | | | Zip: | | |
| Email: | | | | | | | | | | | Phone: | | | | |  | | |
| M F | | Birth Date: | | | | | | | | | Vehicle License #: | | | | | | | |
| What role did this person play in the incident? Other Relevant Information? | | | | | | | | | | | | | | | | | | |
| WITNESS INFORMATION (if any) | | | | | | | | | | | | | | | | | | |
| Name (First, MI, Last): | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | City: | | | | | State: | | | Zip: | | |
| Email: | | | | | | | | | | | | Phone: | | | |  | | |
| Other Relevant Information: | | | | | | | | | | | | | | | | | | |
| REPORTED BY | | | | | | | | | | | | | | | | | | |
| Name (First, MI, Last): | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | City: | | | | | State: | | | Zip: | | |
| Email: | | | | | | | | | | | | Phone: | | | |  | | |
| Date and Time Incident Reported to Trail Conference Staff: | | | | | | | | | | | | | | | | | | |
| Describe Relationship to Incident: | | | | | | | | | | | | | | | | | | |
| I certify that the information I have given is true, complete and correct to the best of my knowledge: | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | Date: | | | | |