

Near Miss or Injury Reporting Required Information: In the event of a near miss or injury during an ATCA work event or project, the following information must be provided by the Trail Boss to the ATCA President. info@anzatrail.org.

Name of Person Completing Form: _____ Phone Number: _____

Near Miss A Near Miss is any situation where there was a high potential for injury to person or property (i.e. may require further attention in the future).

Date of Incident: _____ Time of Incident: _____ Zip Code of Incident: _____

Specific Location of Incident (if no street address available, then i.e.: Anza Trail, near milepost 15.25 with Access from Palo Parado).

Activity Before Incident: _____

What Happened to Cause Incident (mention PPE if applicable):

Preventative/Corrective Actions Taken Onsite (if any): _____

Injury Provide the following information about the injured person:

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth (MM/DD/YYYY): _____

Volunteering Since When (MM/DD/YYYY) use approximate date if unknown: _____

Date of Incident: _____ Time of Incident: _____ Zip Code of Incident: _____

Specific Location of Incident (if no street address available, then i.e.: "Ice Age Trail, Hartland Segment, midway between CTH-K and Foxwood Drive," etc.):

Severity of Injury (select one: First Aid Only, Medical Exam/Treatment, Overnight Hospitalization):

Name and Address of Medical Facility (if used): _____

Name of Treating Physician (if used): _____

Activity Before Incident: _____

What Happened to Cause Incident (mention PPE if applicable): _____

Describe Injury (laceration, broken bone, etc.): _____

List All Body Part(s) Affected: _____

Preventative/Corrective Actions Taken Onsite (if any): _____

Witness Names(s) and Phone Number: _____

