



THE MISSION CONTINUES

Incident Report

The following should be filled out for all accidents or injuries that occur on a project site or in relationship to a project and for all vehicle accidents that occur with a The Mission Continues owned or rented vehicle. At the earliest convenience of the platoon leadership or staff involved, and depending upon severity of incident, please notify your CIM or supervisor.

Project: _____ Date:

Name/ Position of Person Filing Report:

Date/ Time/ Location of Incident:

Name/ Age of person injured:

Address/ Phone Number:

Description of Incident:

Description of Injury:



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Description of Treatment of Injury:

Comments of Injured Person:

Eyewitness Name/ Address and Comments:

Notes on Follow-up Contact with Injured Person:

Other Notes or Comments:

Signature of Person Filing Report:

IF THE ACCIDENT WAS SEVERE, PLEASE TAKE PHOTOS OF THE SITE AND THE CAUSE OF THE INJURY AND ATTACH THEM TO THIS SHEET.