



## Incident Reporting Cover Page

Please complete this page, attach any documentation regarding the incident and email entire package to [incidentreporting@voaches.org](mailto:incidentreporting@voaches.org).

### **Section 1: General Information Regarding Incident**

Submission Date:

Date of Incident:

Program: **Please Select a Program** ( In alphabetical order)

Location: **Choose or enter a location** (In alphabetical order by street name)

Location (Type address if not listed):

Loss Type (select all that apply): General Liability Property Automobile Worker's Compensation

Incident Type (select all that apply): Client Only Employee Only External Party Client/Client

Client/Employee Client/External Party Employee/External Party Buildings

Furnishings & Equipment Vehicle

### **Section 2: Risk Assessment**

Was 911 called? Yes No

Was there physical injury to any of the involved parties? Yes No

If "Yes" please check all that apply: Client Employee Volunteer External Party

Were injured parties treated at the scene and/or transported to the local hospital/emergency room?

At The Scene Hospital/Emergency Room Both

If any were transported to the local hospital/emergency room, please check all that apply:

Client Employee Volunteer External Party

Was there a police report completed? Yes No

Were there witnesses to the incident? Yes No

If "Yes" were witness statements taken? Yes No Was witness contact information collected? Yes No

### **Section 3: Notification**

Please indicate who has currently been notified about the incident: Program Director VP of Service Line

General Counsel Funding/Oversight Agency Quality Assurance Parents/Guardians

Other: \_\_\_\_\_

### **Section 4: Attachments Check List**

Incident Report Involved Party Statements Witness Statements Witness Contact Information