

Incident

Incident Status: Open

Incident Date: 07/31/2013

Incident Time: 04:00 PM

Incident Branch: El Camino

Offsite Location: CN - Rocketship Discovery

Incident Location: Lobby

Report: Report

Injured Person

Involvement: Participant

First Name: aaaaaaaa

Last Name: aaaaaa

Birth Date: 2013-07-31

Gender: Female

Address: aaaaaaaaaa

City: aaaaaaaaaa

State: aaaaaaaa

Zip: aaaaaaaaaa

Phone: aaaaaaaa

Email: aaaaa

Guardian \ Emergency Contact Information

Parent First Name: bbbbbbbbbbbb

Parent Last Name: bbbbbbbbbbb

Parent Address: bbbbbbbbbbb

Parent City: bbbbbbbbbbbb

Parent State: bbbbbbbbbbb

Parent Zip: bbbbbbbbbb

Parent Phone: bbbbbbbbbbb

Parent Email: bbbbbb

Incident Details

Medical Information

Medical Info:

First Aid Administered:

By Whom:

Head or Face Injury?: Yes

Reported to whom:

Blood-Borne Exposures?: Yes

To whom:

Emergency Services Called?: Yes

Taken To Hospital?: Yes

Hospital Name:

Guardian \ Emergency Contact

Emergency contact notified?:

Who was called?:

When?:

What was the outcome of the call?:

What time did the injured party leave the site?: aaaaaaa

With whom did the injured party leave?: aaaaaaaaa

Witnesses \ Responders

Witness \ Responder

Type: Witness

Involvement: Member

First Name: aaaaaa

Last Name: aaaaaaaa

Age: 0

Address: aaaa

City: aaa

State: aaaa

Zip: aaaaaa

Phone: aaaa

Email: aaaa

Witness \ Responder

Type: Responder

Involvement: Volunteer

First Name: 111111

Last Name: 1111

Age: 1111

Address: 11111

City: 111111

State: 11111111

Zip: 1111

Phone:

Email:

Additional Information

Previous Injury: No

Additional Info:

Follow-Up

Date: 2013-07-31

Staff: 111111

Whom: asfasf

Notes: test