

Incident Detailed Report

Incident

Incident Status: Open

Incident Date: 07/30/2013

Incident Time: 01:00 AM

Incident Branch: Camp Campbell

Offsite Location: CN - Pomeroy

Incident Location: Special Needs Bathroom

Report: Report

Injured Person

Involvement: Participant

First Name: ponraj

Last Name: k

Birth Date: 2013-07-30

Gender: Male

Address: tambaram

City: chengalpattu

State: tamilnadu

Zip: 9999999

Phone: 04252273363

Email: k.ponraj@agriya.in

Guardian \ Emergency Contact Information

Parent First Name: ponraj

Parent Last Name: k

Parent Address: krishnastreet

Parent City: chennai

Parent State: tamilnadu

Parent Zip: 600001

Parent Phone: 9894636439

Parent Email:

Incident Details

test details test details test details test details test details

Medical Information

Medical Info: test details test details test details

First Aid Administered: No

By Whom: public

Head or Face Injury?: Yes

Reported to whom: police

Blood-Borne Exposures?: Yes

To whom: doctor

Emergency Services Called?: Yes

Taken To Hospital?: Yes

Hospital Name: apollo

Guardian \ Emergency Contact

Emergency contact notified?: Yes

Who was called?: public

When?: 11

What was the outcome of the call?:

What time did the injured party leave the site?: 12

With whom did the injured party leave?: relative

Witnesses \ Responders

Witness \ Responder

Type:

Involvement:

First Name: ponraj

Last Name: k

Age: 22

Address: krishna street

City: chennai

State: tamilnadu

Zip: 642201

Phone: 9894636439

Email: k.ponraj@agriya.in

Witness \ Responder

Type:

Involvement:

First Name: sharma

Last Name: g

Age: 33

Address: krishna street

City: chennai

State: tamilnadu

Zip: 642201

Phone: 9894636439

Email: k.ponraj@agriya.in

Additional Information

Previous Injury: Unknown

Additional Info: test details test details test details test details

Follow-Up

Date: 2013-07-30

Staff: john

Whom: doctor

Notes: test

Date: 2013-07-30

Staff: harini

Whom: doctor

Notes: test

Detailed Information

