VHF- Incident Report Form

REPORTING PROCEDURE

If you have a question concerning whether to report an incident, contact the VP of Administration or the VP of Operations.

Complete all items to the best of your ability, sign and date page 2, and immediately give it to an officer of Villages Honor Flight.

Important: Retain any items which may have caused or contributed to an injury until it can be inspected by an insurance representative.

<table>
<thead>
<tr>
<th>General Information</th>
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</thead>
<tbody>
<tr>
<td>Name of Nonprofit Organization</td>
</tr>
<tr>
<td>Name of Contact</td>
</tr>
<tr>
<td>Nonprofit Address – Street</td>
</tr>
<tr>
<td>Business Phone #</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Incident Information</th>
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<tbody>
<tr>
<td>Date of Incident</td>
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<td>Mon</td>
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<td>Time of Incident</td>
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<tr>
<td>Location of Incident</td>
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<td>Description of Incident</td>
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<tr>
<th>Witness Information</th>
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<tbody>
<tr>
<td>Name and Address</td>
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<tr>
<td>1.</td>
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<td>2.</td>
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</tbody>
</table>
Claimant Information

1. Name of Injured Party

DOB
☐ Employee ☐ Client ☐ Volunteer ☐ Visitor
☐ Other –

Address – Street
City
State
Zip

Home Phone #
Business Phone #
Email Address

( )
( )

Description of Injury (nature and extent of; please be specific):

Transported by Ambulance ☐ Yes ☐ No

Name and Phone # of Hospital or Doctor, if applicable

Observations of Nonprofit

Claimant’s Attire/Description of Clothing (i.e., shorts, t-shirt) Type of Shoes Was Claimant carrying anything? (if yes, what)
☐ No ☐ Yes –

Describe claimant’s demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.):

(Use the back of the form or attach an additional sheet of paper if needed)

Claimant Information

2. Name of Injured Party

DOB
☐ Employee ☐ Client ☐ Volunteer ☐ Visitor
☐ Other –

Address – Street
City
State
Zip

Home Phone #
Business Phone #
Email Address

( )
( )

Description of Injury (nature and extent of; please be specific):

Transported by Ambulance ☐ Yes ☐ No

Name and Phone # of Hospital or Doctor, if applicable

Observations of Nonprofit

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(Use the back of the form or attach an additional sheet of paper if needed)