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600 Ramapo Valley Road • Mahwah, NJ 07430 • T 201.512.9348 • F 201.512.9012 • www.nynjtc.org

Trail Conference Personal Incident Report

Return completed form via e-mail to volunteer@nynjtc.org OR

via mail/in-person at 600 Ramapo Valley Road, Mahwah, NJ 07430

Note: This form MUST be filed even if medical treatment or an insurance claim is not sought

INCIDENT DETAILS				
Location (Park, Street, Trail, GPS coordinates, etc.):				
City:	State:	Zip:	Date:	Time:
Nature of Incident: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Abuse or Neglect <input type="checkbox"/> Crime <input type="checkbox"/> Other: _____				
Description of incident. Be specific with as many details as possible (i.e. what was injured, how, when, etc.):				
Has the incident been resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No Was incident reported to law enforcement, fire, or search/rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No				
INJURED (if any)				
Person 1: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Corps Member of _____ Crew				
Name (First, MI, Last):			Birth Date:	
<i>If minor, guardian's information gets recorded in Involved Persons</i>				
Address:		City:	State:	Zip:
<input type="checkbox"/> M <input type="checkbox"/> F	Email:		Phone:	
Was first aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe treatment and if applicable, name of doctor/hospital/medical provider:		
Was treatment refused by injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If yes, a Refusal of Care Form must be filled out				
Injured person's emergency contact notified <input type="checkbox"/> Yes <input type="checkbox"/> No			Emergency medical services needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person 2: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Corps Member of _____ Crew				
Name (First, MI, Last):			Birth Date:	
<i>If minor, guardian's information gets recorded in Involved Persons</i>				
Address:		City:	State:	Zip:
<input type="checkbox"/> M <input type="checkbox"/> F	Email:		Phone:	
Was first aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe treatment and if applicable, name of doctor/hospital/medical provider:		
Was treatment refused by injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If yes, a Refusal of Care Form must be filled out				
Injured person's emergency contact notified <input type="checkbox"/> Yes <input type="checkbox"/> No			Emergency medical services needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Continue on Back				



Page 2: Trail Conference Personal Incident Report			
INVOLVED PERSONS			
(if any besides injured person(s); includes a minor's guardian information)			
Person 1: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Corps Member of _____ Crew <input type="checkbox"/> Minor's Guardian			
Name (First, MI, Last):			
Address:		City:	State: Zip:
Email:		Phone:	
<input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:	Vehicle License #:	
What role did this person play in the incident? Other Relevant Information?			
Person 2: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Corps Member of _____ Crew <input type="checkbox"/> Minor's Guardian			
Name (First, MI, Last):			
Address:		City:	State: Zip:
Email:		Phone:	
<input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:	Vehicle License #:	
What role did this person play in the incident? Other Relevant Information?			
WITNESS INFORMATION (if any)			
Name (First, MI, Last):			
Address:		City:	State: Zip:
Email:		Phone:	
Other Relevant Information:			
REPORTED BY			
Name (First, MI, Last):			
Address:		City:	State: Zip:
Email:		Phone:	
Date and Time Incident Reported to Trail Conference Staff:			
Describe Relationship to Incident:			
I certify that the information I have given is true, complete and correct to the best of my knowledge:			
Signature:			Date: