



## INCIDENT INVESTIGATION REPORT

<b>CLUB INFO</b>	Club Name:		Key Number:	
	Club President Name:		Email Address:	
	Address:		Phone Number:	
<b>OCCURRENCE</b>	Date of Occurrence:	Time:	Date Reported:	
	Kiwanis Event:	Location:	Name of Injured Party / Owner of Damaged Property:	
	Kiwanis Member: (YES) (NO)	Address:	Phone Number:	
	E-mail Address:	Date of Birth:	Occupation:	
	Work Phone Number:	Nature of Injury:	Medical Treatment Sought: (YES) (NO)	
	Medical Provider/Hospital:	Police/Fire/Paramedics:	Police/Fire/Paramedics Report Number if applicable:	
<b>DESCRIPTION</b>	Describe clearly and in full detail what occurred. Include all materials, equipment and people involved (Why-What-Where-When-Who-How)			
<b>WITNESS</b>	Witness Name:		Witness Address & Phone Number:	
	Kiwanis Member: (YES) (NO)		E-mail Address:	
<b>COMMENTS</b>	(Please attach any supporting documentation and/or photographs. Use the reverse side of this form to draw a diagram, if needed.)			
<b>REPORT BY</b>	Name:		Address & Phone Number:	
	Kiwanis Member: (YES) (NO)		E-mail Address:	

