



iUrban Teen
Incident Report Form

This form **MUST** be emailed to iUrban Teen on the **1st business day** after the incident.
Send forms to: iUrban Teen, ATTN: Incident Report at
Email: info@iurbanteen.org

Where did the incident occur: _____ Date of Incident: _____ Time: _____

Address (if not an iUrban Teen property): _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of incident: accident injury illness death behavioral near-miss
 other (please specify): _____

Affected Person's Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Witnesses / Others Affected: (please attach a separate sheet with names, addresses, phone #, email)

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Description of Incident: (describe location, activity, and step by step sequence of events. Include a separate sheet with diagram if needed)

Did the incident result in an injury or illness requiring first aid or medical attention? YES NO

(if YES, please complete medical attention detail section on back)

If NO, what action was taken: _____

Did the incident result in any property damage: YES NO

(if YES, please complete property damage detail section on back)

Was any equipment involved in the incident: _____ What _____

What (if any) unsafe conditions / behavior contributed to the incident: _____

How could the incident have been prevented: _____

Which Emergency Procedures were followed in responding to this incident?

Applied First Aid Called Emergency Medical Services BOTH

Reported to iUrban Teen office Who reported: _____ To whom: _____ When: _____

Contact parent/guardian Who contacted: _____ When: _____ How: _____

Secured scene for safety and further investigation

Other: _____

Describe any media contact with regard to this incident: _____

MEDICAL ATTENTION DETAIL

Describe Injury or Illness (visible signs/symptoms):

Injury classification: (circle one) SLIGHT (req. first aid only) MODERATE (req. medical attention) SEVERE (potentially life threatening) FATAL (death)

Affected person refused medical treatment: YES NO Explanation: _____

Was First Aid given at the scene: YES NO By Whom: _____

What kind: _____

Were Emergency Medical Services (EMS) called: YES NO By Whom: _____

Estimated elapsed time between injury and First Aid: _____ ...and arrival of EMS: _____

Was the affected person moved from the scene for medical care: YES NO By Whom: _____

To where: _____

What treatment(s) given: _____

By whom: _____ For how long: _____

Affected person was released to: return to activity / home / parent or guardian / EMS or hospital

Was affected person taken to a hospital or other medical facility: YES NO By Whom: _____

Hospital/Facility Name: _____ Phone: _____ City: _____

Name of treating physician: _____ Date/Time Released: _____

Affected's medical insurance company name: _____ Phone: _____

PROPERTY DAMAGE DETAIL

Property Damaged in Incident: _____

Extent of Damage: _____

Non-iUrban Teen property owner's name _____ Phone: _____
 (attach separate sheet if multiple owners/contacts)

Owner's Insurance Carrier: _____ Phone: _____

Submitted by: (please print) _____ Phone : _____

Signature: _____ Date: _____

Staff use only

Notified Agency	Date	By Whom	Entered in Log	Date	By Whom
Affected Person's Insurance			OSHA Log		
iUrban Teen Insurance Carrier			iUrban Teen Incident Log		
Worker's Comp / L & I			Property or Site Incident Log		