

TRAINING ACCIDENT INFORMATION

UNIT POINT OF CONTACT

NAME	RANK	COMMAND
PHONE NUMBER	EMAIL ADDRESS	

SUMMARY DESCRIPTION OF EVENT

1. WHAT AND HOW ACCIDENT HAPPENED

2. WHEN

3. WHERE

PERSON(S) MISSING (attach continuation sheet if necessary)

4a. NAME	5a. GRADE	6a. SVC BRANCH	7a. DOB
4b. NAME	5b. GRADE	6b. SVC BRANCH	7b. DOB

PERSON(S) INJURED (attach continuation sheet if necessary)

8a. NAME	9a. GRADE	10a. SVC BRANCH	11a. DOB
12a. PARENT COMMAND	13a. BLOOD TYPE	14a. DEGREE OF INJURY <input type="checkbox"/> CRITICAL <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR <input type="checkbox"/> UNKNOWN	
8b. NAME	9b. GRADE	10b. SVC BRANCH	11b. DOB
12b. PARENT COMMAND	13b. BLOOD TYPE	14b. DEGREE OF INJURY <input type="checkbox"/> CRITICAL <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR <input type="checkbox"/> UNKNOWN	

15. DESCRIPTION OF INJURIES (use lay terminology)

16. TREATMENT AND EVACUATION SEQUENCE

17. FACTORS WHICH MAY GENERATE PUBLIC INTEREST (IF ANY)