INCIDENT / ACCIDENT REPORT

Mountaineer Fitness Center · USAG Rheinland-Pfalz · Fitness, Athletics & Aquatics

PERSON IN CHARGE OF FACILITY / GAME / EVENT *

LOCATION / ROOM / SPORTS FIELD *

DATE AND TIME OF INCIDENT *

NATURE OF INCIDENT / ACCIDENT *

NAME, RANK OR CIVILIAN, AND UNIT OF INJURED PERSON *

ADDRESS OF INJURED PERSON

PHONE NUMBER

HOW AND PRECISELY WHERE IT HAPPENED — DESCRIBE THE ACTIVITY (TRAINING, GAME, GETTING CHANGED, SAUNA, ETC.) *

ACTION TAKEN, INCLUDING ANY FIRST AID TREATMENT AND THE NAME(S) OF THE FIRST AIDER(S) *

WERE ANY OF THE FOLLOWING CONTACTED? *

Police	Ambulance	Guardian / Spouse	Individual's Unit
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

WHAT HAPPENED TO THE INJURED PERSON AFTERWARDS (WENT HOME, WENT TO HOSPITAL, CARRIED ON WITH SESSION, ETC.) *

All of the above facts are a true and accurate record of the incident / accident.

PRINTED NAME *

DATE *

SIGNATURE *

RETURN THIS REPORT TO THE FITNESS FACILITY MANAGER

Eloy Campos, Fitness Facility Manager · DSN 531-3404 · eloy.j.campos.naf@army.mil

Scan to email. Retain and dispose IAW AR 25-400-2 (ARIMS) and DA PAM 25-403.

BLDG 8220