



MEDICAL INCIDENT REPORT – SPECIAL EVENTS

Please Print

Name/Location of Insured: _____	Date of Incident: _____
Type of Event: _____	Time of Incident: _____ (a)(p)
Contact Person: _____	Time of Arrival: _____ (a)(p)
Phone: (____) _____	Time Released: _____ (a)(p)

Injured: (Performer) (Registrant) (Passer-by) Other: _____ Sex: (M) (F) SSN: _____
 Name: _____ Age/DOB: _____
 Address: _____ Occupation: _____
 City: _____ State: _____ Zip: _____ Phone (____) _____
 If Minor, Parent/Guardian Name: _____

Injury (or Property Loss): _____
 Injured Body Part: _____
 Nature of Injury: _____

 (Sprain, Fracture Concussion)

Medical Care:
 Related Medical History: _____
 Current Medications: _____
 Care Given: _____
 Action Taken: _____

DESCRIBE HOW INCIDENT HAPPENED (in Patient's Words):

Comments:

(Continue on back side)

DISPOSITION:

- Fatality
- Ambulance to: _____ Hosp.
- Personal Auto to: _____
- Returned to Event
- Refused Treatment
(Patient's Initials: _____)

WITNESS:

Name: _____
 Address: _____
 Phone: (____) _____
 Employee? (Y) (N) _____ (Use back side for further witnesses)

WHERE:

- PARKING LOT (Valet)(Patron)
- ENTRANCE/EXIT
- WALKWAY (Inner) (Outer)
- CONCESSIONS AREA
- SEATING AREA
(Level, Aisle, Row, Seat #): _____
- FLOOR (Open)(Temp. Seats)
(Tables)
- EXHIBITION AREA
- MEETING ROOM
- RESTRICTED AREA
- OTHER _____

HOW:

- FELL (Slipped) (Tripped)
(Pushed) (Bumped)
- STRUCK _____
- STRUCK BY: _____
- OTHER _____

SURFACE CONDITIONS:

- NOT APPLICABLE DEBRIS
- NORMAL IRREGULAR
- WET OTHER _____

WHILE:

- ASCENDING (Steps) (Ramp)
- DESCENDING (Steps)(Ramp)
- WALKING
(Arriving)(Departing)
- STANDING (On
Seat)(Queueing)
- HURRYING
- HORSEPLAY
- FIGHTING:
W/ _____
- IN VEHICLE
(Arriving)(Departing)
- OTHER _____

RESPONDENT NAME: _____

TITLE: _____

Sign: _____

Phone: (____) _____

COMPLETE AND RETURN TO FIRST, Attn: Finance, 200 Bedford Street, Manchester, NH 03101
 Emergency, call 1-800-871-8326