



Georgia ForestWatch Incident Report Form

Use this form to report accidents, injuries, or medical situations.

If possible, complete this report **within 24 hours** of the incident.

(Incidents involving a crime or traffic incident should be reported directly to the police.)

Information about the person involved in the incident

Full Name _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ (cell) _____ (work) _____

Date of Incident _____ Time _____

Location of Incident _____ Police Notified? _____

Information about the incident

Be as specific as possible, and attach additional sheets if necessary.

Description of Incident (what happened, how it happened, factors leading to the event, etc.)

Were there any **witnesses** to the incident? _____

If yes, attach a separate sheet with names, addresses and phone numbers.

Was the individual **injured**?

If so, describe the injury (laceration, sprain, etc.), the part of the body injured, and any other information known about the resulting injury(ies).

Was **medical treatment** provided? yes no refused

If yes, where was the treatment provided? On site _____ Urgent care _____ Emergency room _____

Other:

Individual submitting report _____

Signature _____

Date report completed _____

Send to the Georgia ForestWatch office, 81 Crown Mountain Place, Building C, Suite 200, Dahlonega, GA 30533.