



# Near Miss or Injury Reporting Required Information

In the event of a near miss or injury during an Ice Age Trail Alliance work event or project, the following information must be provided by a Crew Leader Manager to the National Park Service contact listed below.

**Submit information as soon as possible to:**

**Dan Watson**, National Park Service

Email [daniel\\_watson@nps.gov](mailto:daniel_watson@nps.gov) or call **715-441-7717**

**Name of Person Completing Form:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## Near Miss

*A Near Miss is any situation where there was a high potential for injury to person or property (i.e. may require further attention in the future).*

**Date of Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Zip Code of Incident:** \_\_\_\_\_

**Specific Location of Incident** (if no street address available, then i.e.: "Ice Age Trail, Hartland Segment, midway between CTH-K and Foxwood Drive," etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Activity Before Incident:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What Happened to Cause Incident (mention PPE if applicable):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preventative/Corrective Actions Taken Onsite** (if any): \_\_\_\_\_

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## Injury

**Provide the following information about the injured person:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Volunteering Since When** (MM/DD/YYYY) *use approximate date if unknown:*

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**Date of Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Zip Code of Incident:** \_\_\_\_\_

**Specific Location of Incident** (if no street address available, then i.e.: "Ice Age Trail, Hartland Segment, midway between CTH-K and Foxwood Drive," etc.):

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**Severity of Injury** (select one: First Aid Only, Medical Exam/Treatment, Overnight Hospitalization): \_\_\_\_\_

**Name and Address of Medical Facility** (if used): \_\_\_\_\_

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**Name of Treating Physician (if used):** \_\_\_\_\_

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**Activity Before Incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What Happened to Cause Incident** (mention PPE if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe Injury** (laceration, broken bone, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List All Body Part(s) Affected:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preventative/Corrective Actions Taken Onsite (if any):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness Names(s) and Phone Number:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_