

A.T. Volunteer Injury/Near Miss Report



Injured Volunteer Data:

1. Full Name (Last, First, Middle)		2. Last 4 Digits of Social Security Number:	
3. Date of Birth (MM/DD/YYYY):		4. Gender:	5. Phone: () -
7. Mailing Address (Street):		6. Is someone other than an injured volunteer completing this? If yes, provide name and contact information: (Last Name, First Name): Email: Phone: () -	
City, State, Zip:			
8. Email Address:			

Description of Incident

9. Location where injury or near miss occurred (describe for another to navigate there, e.g. the facility name or X mi N/S from Y road):

10. Date of incident (MM/DD/YYYY):	Time of incident (AM/PM):	11. Date of Reporting (MM/DD/YYYY):	12. Club or Affiliation:
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13. Cause (or near cause) of injury (describe what happened, which volunteer activity the person was undertaking at the time, and why):

14. Nature of injury (identify both the injury & the part of the body) If no injury: check box for near miss

15. Individuals will be asked to affirm that the injury was sustained in the performance of duty, not caused by misconduct, intent to injure self/others, nor due to intoxication.

Witness Statement

16. Describe what you saw, heard, or know about this injury:

Name of witness: _____ Email address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Additional Information

17. Name of Work Trip Leader:

18. Was care or treatment administered on site? By whom?

19. Was the injured person(s) taken to a medical facility? If so, how and where?

20. Based on what is known at the time of this report, does the injured volunteer intend to pursue a worker's compensation claim?
Mark one: YES NO UNKNOWN

21. Lessons learned about hazard(s), recommended PPE, or accident response/injury:

Please: Convey information on this form to land manager contact and send a photo/scan of this form to volunteer@appalachiantrail.org.