

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 Injury			
9. Location where injury occurred (describe for another to navigate there, e.g. the facility name or X mi N/S from Y road crossing):			
10. Date injury occurred (MM/DD/YYYY):	Time injury occurred:	11. Date of Reporting (MM/DD/YYYY):	12. Club or Affiliation:
13. 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 and the part of the body)			
<i>If no injury: For a near miss, check box: <input type="checkbox"/></i>			
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			
Name of Work Trip Leader:			
Was care or treatment administered on site? By whom?			
Was the injured person(s) taken to a medical facility? If so, how and where?			
Based on what is known at the time of this report, does the injured volunteer plan to use their own insurance:? Circle one: YES NO UNKNOWN			
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.			