

CANAL DOCK BOATHOUSE, INC. ("CANAL DOCK")
a Connecticut 501(c)(3) Non-Profit Corporation

Incident Report

Date of Incident:	Time of Incident:
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Nature of Incident:		
<input type="checkbox"/> Accident/Injury/Medical	<input type="checkbox"/> Physical Altercation	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Theft/Burglary	<input type="checkbox"/> Verbal Confrontation	<input type="checkbox"/> Missing Person
<input type="checkbox"/> Other		

Specific Location (include inside/outside; event space/lobby/stairwell/landing or restroom; first or second floor):

Condition in Incident Area (note lighting and outdoor weather conditions if applicable):
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First Canal Dock Employee on Scene:	Employee Title:
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Parties Involved

Name (primary party involved):	Age (indicate if an approximation):
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Reason for being on the premises:					
<input type="checkbox"/> Patron	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Vendor	<input type="checkbox"/> Visiting	<input type="checkbox"/> Other	

Email address:	Mobile phone:
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Home address (include street, city, state & zip code):
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Witness name (#1):	Relation to primary party (if applicable):
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Reason for being on the premises: <input type="checkbox"/> Patron <input type="checkbox"/> Volunteer <input type="checkbox"/> Vendor <input type="checkbox"/> Visiting <input type="checkbox"/> Other
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Email address:	Mobile phone:
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Home address (include street, city, state & zip code):
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Witness name (#2):	Relation to primary party (if applicable):
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Reason for being on the premises: <input type="checkbox"/> Patron <input type="checkbox"/> Volunteer <input type="checkbox"/> Vendor <input type="checkbox"/> Visiting <input type="checkbox"/> Other
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Email address:	Mobile phone:
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Home address (include street, city, state & zip code):
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Incident Description

<i>If an injury, explain (1) activities happening when injury or illness occurred, (2) what happened to cause the injury or illness, (3) what was the injury (part of the body and how affected):</i>

<i>Note any additional details relevant to incident (footwear, eyewear, mobility assistance – cane, walker, crutches, etc.):</i>
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Primary Party Statement:

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Additional statements (identify each party along with her/his statement):

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Action Taken

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Called 911 | <input type="checkbox"/> Patron transported to hospital |
| <input type="checkbox"/> First aid administered | <input type="checkbox"/> Photos taken |
| <input type="checkbox"/> Primary party refused medical care | <input type="checkbox"/> Primary party resumed activity |
| <input type="checkbox"/> Blood borne pathogen kit uses | <input type="checkbox"/> Security contacted |
| <input type="checkbox"/> New Haven Police called | |

Time 911/NHPD call placed (if applicable):	First responder arrival time:
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Date photo taken (if applicable):	Photographer name (if applicable):
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Name of party(s) administering first aid (if applicable):

Additional comments (include first responder names, badge number(s), case number(s) if applicable):

Manager completing report (name/title):	Date:
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Report reviewed and approved by (name/title):	Date:
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