

# INCIDENT INVESTIGATION REPORT

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## CLUB INFO

Club name \_\_\_\_\_

Club president name \_\_\_\_\_ Key number \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

## OCCURRENCE

Date of occurrence \_\_\_\_\_ Time \_\_\_\_\_ Date reported \_\_\_\_\_

Kiwanis event \_\_\_\_\_

Location \_\_\_\_\_

Name of injured party/owner of damaged property \_\_\_\_\_

Date of birth \_\_\_\_\_ Kiwanis member? YES / NO Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Email address \_\_\_\_\_

Nature of injury \_\_\_\_\_ Medical treatment sought? YES / NO

Medical provider/hospital Police/fire/paramedics \_\_\_\_\_

Police/fire/paramedics report number if applicable \_\_\_\_\_

**DESCRIPTION** Describe clearly and in full detail what occurred. Include all materials, equipment and people involved (Why-What-Where-When-Who-How).

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## WITNESS

Witness name \_\_\_\_\_ Kiwanis member? YES / NO \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

## COMMENTS

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## REPORT BY

Name \_\_\_\_\_ Kiwanis member? YES / NO \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

**Insurance forms are available for download at:  
[kiwanis.org/liability](http://kiwanis.org/liability)**