RBGC Emergency Event Report

Date: _____

Time: _____

Location: _____

Emergency Response Coordinator Name: _____

Injured Person's Full Name: _____

Male / Female: _____

Address: _____

Email:_____

Phone Number: _____

RBGC Emergency Event Report

Description of Events:

RBGC Emergency Event Report

Initial Physical Condition: _____

_____

_____

Treatment Provided: _____

_____

_____

Name of Responding Agency: _____

Witness Names and Contact Numbers: _____

_____

_____

_____

Witness Statements: _____

_____

_____

_____

_____

Date and Time CRO Contacted: _____

_____

_____

RBGC Emergency Event Report

Description of Events (additional page):

RBGC Emergency Event Report

Witness Statements (additional page):