



# North East Multi-Regional Training

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“Committed to the Career Development and Professionalization of Law Enforcement Officers”

## **INCIDENT REPORT**

**\*\*Both the trainer/instructor and the injured party are required to complete this form and submit to NEMRT\*\***

Date and Time of Incidents: \_\_\_\_\_

Instructor/Trainer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Course Title: \_\_\_\_\_ Location: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_

Department Agency: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Nature of Incident: \_\_\_\_\_

\_\_\_\_\_

Nature of Injury: \_\_\_\_\_

\_\_\_\_\_

Was this a new or an existing injury? \_\_\_\_\_

Police Report#: \_\_\_\_\_ Agency: \_\_\_\_\_

Was First Aid Administered? \_\_\_\_\_ By whom: \_\_\_\_\_

Did Injury require further medical treatment? **Y**      **N**

If yes, where? \_\_\_\_\_

\_\_\_\_\_

Transported how? \_\_\_\_\_

Attending Physician? \_\_\_\_\_

Deposition: \_\_\_\_\_

\_\_\_\_\_

Did Injury occur during formal exercise? **Y**      **N**

Nature of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was there proper warm up and stretching? **Y**      **N**

Type of Floor Surface: \_\_\_\_\_

Type of Clothing/Equipment worn: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did Injury occur during scenario training? **Y**      **N**

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was injured student made aware of NEMRT safety protocols prior to incident? **Y**      **N**

By whom: \_\_\_\_\_

What mechanical, physical, or environmental conditions contributed to the incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions by the injured contributed to the incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What personal factors (fatigue, improper attitude, in-attention, etc.) contributed to the incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this injury caused by failure to use or wear protective equipment? **Y**      **N**

What actions have been taken to prevent recurrence of this type of incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Investigated by: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_