



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: _____

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? _____

Investigated by: _____ Date and Time: _____

Comments: _____

