

Tucson Amateur Astronomy Association (TAAA)

Incident Reporting Form: Injury, Illness, Property Damage

(This form is to be used to report events or allegations of injury, illness or property damage. The form should be completed as soon as possible after the incident and sent to the TAAA Supervisor and Board within 24 hours at TAAABOD@Tucsonastronomy.org)

General Incident Information

Incident Date: _____ Incident Time _____
Date Reported to TAAA Supervisor and TAAA Board _____
Reported by Name: _____
Reported by Primary Phone: _____ Secondary Phone: _____
Reported by Email _____
Reported by Address _____
Location of Incident: _____
Specific area; further description where occurred; _____
Incident Address: _____
TAAA Event: _____ TAAA Supervisor: _____
TAAA Members present: _____
Your TAAA Role/Responsibility at event: _____
Description of Incident (clear/concise/complete facts): _____

Was an Agency or Authority Notified? yes no Whom: _____

Injury/Illness/Damage Information

Party Involved Name: _____
Party Involved Address: _____
Party Involved Primary Phone: _____ Secondary Phone: _____
Party Involved Email: _____
Party Involved Date of Birth: _____ Age: _____
Relationship of Party to TAAA _____
Cause/Nature/Injury Detail: _____



Property Damage Yes No Describe:

If medical treatment was provided, please describe: _____

If transported by air/ambulance, please describe: _____

Did Party Involved provide any insurance information? Yes No If yes, provide here:

Witnesses (Use additional forms, as needed.)

Witness Name: _____

Witness Address: _____

Witness Email: _____ Witness Primary Phone; _____

Witness Secondary Phone: _____

Witness Type: Adult Minor Unknown

Witnesses (Use additional forms, as needed.)

Witness Name: _____

Witness Address: _____

Witness Email: _____ Witness Primary Phone; _____

Witness Secondary Phone: _____

Witness Type: Adult Minor Unknown

Witnesses (Use additional forms, as needed.)

Witness Name: _____

Witness Address: _____

Witness Email: _____ Witness Primary Phone; _____

Witness Secondary Phone: _____

Witness Type: Adult Minor Unknown

Attach any photos, statements, or additional relevant information. Add additional pages as needed.

