

Description of the Injuries/Illness due to incident:

Treatment Information	
Did anyone provide any treatment/first aid on the incident site?	
Did someone call 911 to activate EMS?	
Did EMS provide any treatment/first aid to you?	EMS Agency:
Were you transported by EMS to a hospital or ER?	Hospital/ER:
Did you refuse transport by EMS?	
Did you drive yourself to the hospital or ER?	
Did someone else drive you to the hospital or ER?	Driver Name:
Provider (MD, PA, NP) Name:	

The information above is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have willfully stated in it anything which I know to be false or do not believe to be true.

Ill/Injured Signature: _____ Date: _____

**Attach any additional information, supporting documentation, and pictures.*