



Capital Workforce Partners
 One Union Place
 Hartford, CT 06103
 860-522-1111

INCIDENT REPORT – Injury/Illness Addendum

- This addendum is completed when the incident includes an injury or medical emergency.
- Report must be completed & submitted with the Incident Report to CWP within **24 hrs** of the incident.

Information on the person injured or needing medical care		
Name:	Address:	Phone number:
Information regarding the injury/illness or need for medical care		
Describe injury/illness:		
Action Taken		
Were EMTs called? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, by whom:	Time EMTs called:
Was person transported to emergency medical facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, name and town of the facility:	Time transported:
If not transported to medical facility, did person receive other medical treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, By whom: Describe:		
Did the person return to activity at site? Yes <input type="checkbox"/> No <input type="checkbox"/>	Time person left the site:	