



Rebuilding Together.
Arlington/Fairfax/Falls Church

INCIDENT REPORT

(This report is due 24 hrs. after incident occurs.)

PROJECT NUMBER _____

Information on person completing the form:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Email _____

Did you witness the incident? (yes/no) _____

Information on the injured individual:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Email _____

Date of Birth _____ Gender _____

Individual Injured is: Homeowner/Occupant of home Volunteer Staff

How and where did the injury occur (explain fully): _____

Describe injury: _____

Was this condition already present before you were injured? Yes No

When did the symptoms first appear? _____

Did you seek medical treatment? Yes No

If so, where and what treatment? _____

Please list any witnesses to the injury:

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Signature of person completing this form

Date

Call Rebuilding Together to report accident (703) 528-1999
Return this form to: Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Fax: (703) 528-1197 or info@rebuildingtogether-aff.org