

Project # \_\_\_\_\_

Group Name \_\_\_\_\_

Homeowner \_\_\_\_\_



**Rebuilding Together.**  
Arlington/Fairfax/Falls Church

### INCIDENT REPORT

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

**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 at (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](mailto:info@rebuildingtogether-aff.org)