
MABAS DIVISIONS 4 & 5 SRT

Personal Injury/Illness Investigation Report

Anytime an SRT team member is injured/becomes ill or is involved in an accident at an SRT training or incident, or responding to or from an SRT incident, this report must be completed. It is the responsibility of the hosting/affected department/district to complete this report within 48 hours of the incident. **The report must be typed and forwarded to the SRT Administrative Coordinator via email to cloomis@srillinois.org or fax to (866) 560-5538.**

Date of Injury/Illness: _____ Team: _____
Name of Injured: _____ Dept/Dist: _____

Location of Accident/Injury/Illness: _____

Thorough Description of Accident/Injury/Illness (What, How, Where, Equipment, Activity, Witnesses, etc.):

Was the individual treated/hospitalized? Yes No

If yes, where were they treated/hospitalized (Name & Address)?

What action(s) can the team take to prevent a similar occurrence in the future?

Name of Person Completing Report: _____ Date: _____

Signature: _____

ADMINISTRATION USE ONLY

Received: Date: _____ By: _____
Distributed: Date: _____ By: _____