



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 Chief Administrative Officer via email to jsteingart@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: _____

SRT ADMINISTRATION USE ONLY

Received: Date: _____ By: _____

Distributed: Date: _____ By: _____