



**Liberty Wildlife**  
Conservation/Education/Rehabilitation/Sustainability

**Individual Incident Report**

**Name of injured:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Where incident occurred:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date and time of incident:** \_\_\_\_\_ am/pm

**Nature of injury:** \_\_\_\_\_

**Witness(es) to incident:** \_\_\_\_\_

**Medical treatment provided:** \_\_\_\_\_

**How did incident happen? (In your own words, describe exactly what job you were performing and what went wrong.)**

**What steps are you taking to prevent a similar incident?** \_\_\_\_\_

**Injured Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Liberty Staff Signature:** \_\_\_\_\_