



ACCIDENT REPORT FORM

Date: _____ Day: _____ Time: _____

Name of Facility: _____

Personal Data of Injured Party:		
Name: _____	Age: _____	Sex: _____
Address: _____	City: _____	State: _____ Zip: _____
Work Phone: _____	Home Phone: _____	Cell Phone: _____

Where did accident occur (be specific)? _____

When did accident occur (indicate date & time)? Day/Date: _____ Time: _____

In what program/activity was injured party participating? _____

What equipment, if any, was involved in accident? _____

Was there a staff member/instructor present at the time of the accident? YES NO

If yes, by whom? _____

What type of injury was incurred? (i.e. bruise to left arm, laceration, etc.) _____

Describe in detail how accident occurred? _____

Witnesses information:		
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____

Was 911 Called : YES NO If yes, by who? _____

Was first aid administered? YES NO

If yes, what kind & by whom? _____

Was injured party referred to medical assistance? YES NO

Name of person who accompanied injured person to medical assistance: _____

Staff Submitting Report: _____ Date: _____