

Accident/Injury/Incident Report Form

Date of Incident/Accident _____ Time of Incident/Accident: _____ am
pm

Location of
Incident/Accident: _____

Name of person in
charge: _____

Name, addresses, and phone numbers of person(s) involved in Incident/Accident:

1) Name _____ Date of Birth _____ Phone (H) _____ (W) _____

Address _____

2) Name _____ Date of Birth _____ Phone (H) _____ (W) _____

Address _____

Describe fully what happened; include the activity at the time of the incident, course of action followed.

Any injuries or damage that occurred:

Were the police notified? No Yes (if yes, please identify the police involved)

Was medical treatment received? No Yes (If yes, who gave the treatment and who received it?)

Were person(s) transported to a medical facility? No Yes

Facility:

Transportation provided by:

What other support was offered to and/or received by those involved?

Family contacts notified:

Witness:

Name: _____ **Phone (H)** _____ **(W)** _____

Address: _____

Statement: _____

Signature: _____ **Date:** _____

Witness:

Name: _____ **Phone (H)** _____ **(W)** _____

Address: _____

Statement: _____

Signature: _____ **Date:** _____

Name/Address/Phone of Person Completing the Report: _____

Signature: _____ **Date of Report** _____

Diagram of Incident/Accident or further comments: