
Accident Report Form Template

Incident Number: _____

Date: _____ Time: _____

Location: _____

Accident Description:

Injury Report:

- Person Injured: _____
- Nature of Injury: _____
- Medical Treatment: _____

Witness Statements:

1. _____
2. _____

Equipment/Property Damaged:

Immediate Actions Taken:

Reported By:

- Name: _____
- Contact: _____
- Signature: _____

Manager's Comments:
