



# ACCIDENT/INJURY REPORT

## SUMMARY INFORMATION

ACTIVITY/SPORT/EVENT \_\_\_\_\_  
LOCATION & ADDRESS \_\_\_\_\_  
DATE \_\_\_\_\_ TIME \_\_\_\_\_

## INJURED PARTY

NAME OF INJURED \_\_\_\_\_ AGE\* \_\_\_\_\_  
ADDRESS OF INJURED \_\_\_\_\_  
PARENT/GUARDIAN\* \_\_\_\_\_  
CONTACT PHONE \_\_\_\_\_

\*Name of parent/guardian is required if injured party is less than 18 years of age.

## NATURE OF THE INJURY

PLEASE DESCRIBE THE NATURE OF THE INJURY AND BE AS SPECIFIC AS POSSIBLE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT FIRST AID WAS RENDERED? (ICE PACK/BANDAID) \_\_\_\_\_

WAS 911 CALLED? YES NO IF YES, WHO RESPONDED: \_\_\_\_\_

WAS INJURED PARTY TRANSPORTED TO A HOSPITAL? YES NO

IF YES, WHAT HOSPITAL? \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT THE INJURY OR TRANSPORT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CAUSE OF ACCIDENT

DESCRIBE IN DETAIL HOW THE ACCIDENT OCCURRED: \_\_\_\_\_

WHAT RECOMMENDATIONS, IF ANY, WOULD YOU MAKE TO PREVENT A SIMILAR SITUATION FROM OCCURRING IN THE FUTURE? \_\_\_\_\_

## WITNESS STATEMENTS

WITNESS NAME \_\_\_\_\_ AGE \_\_\_\_\_

WITNESS ADDRESS \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_

WITNESS STATEMENT: \_\_\_\_\_

WITNESS NAME \_\_\_\_\_ AGE \_\_\_\_\_

WITNESS ADDRESS \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_

WITNESS STATEMENT: \_\_\_\_\_

## REPORT INFORMATION

REPORT COMPLETED BY \_\_\_\_\_

REVIEWED BY \_\_\_\_\_

COMMENTS: \_\_\_\_\_