

ACCIDENT/INCIDENT REPORT FORM

ACCIDENT INCIDENT FILE#: _____

DATE: _____ TIME OF ACCIDENT/INCIDENT: _____ AM/PM
Day/Month/Year

NAME _____ (Name of injured or person initiating incident)

ADDRESS _____ SEX: M ___ F ___

PHONE: (H) _____ (W) _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

PHONE: (H) _____ (W) _____

Name of Facility: _____

EXACT Location of Accident/Incident: _____

Description of Accident/Incident: _____

Description of Injury: _____

Description of Treatment: _____

Name of Individual Giving Treatment: _____

Position: _____

Explanation of Damage to or Loss of Property: _____

Describe Any Factors Contributing To Accident/Incident: _____

COMPLETE INFORMATION ON REVERSE SIDE

PERSON(S) SUPERVISING ACTIVITY/PROGRAM (staff, coach, teacher etc.)

Name: _____ Phone: (H) _____ (w) _____

Name: _____ Phone: (H) _____ (w) _____

WITNESSES

Name: _____ Phone: (H) _____ (w) _____

Name: _____ Phone: (H) _____ (w) _____

DISPOSITION

Parent/Guardians Contacted: YES: NO: Time: _____

Taken to Hospital: YES: NO: By Ambulance: YES: NO:

Other (Explain): _____

Resumed Activity: YES: NO:

Police contacted: YES: NO: Case #: _____

Name of Officer Responding: _____

REPORT COMPLETED BY: _____

POSITION: _____

FOLLOW-UP REVIEW BY SUPERVISOR

Comments: _____

Date: _____ Signature: _____

FOLLOW-UP REVIEW BY DEPARTMENT HEAD

Comments: _____

Date: _____ Signature: _____

COPY FORWARDED TO M.I.A: YES: NO: DATE: _____