

ACCIDENT REPORT FORM

Name of Injured: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different) \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury: \_\_\_\_\_ AM \_\_\_\_\_ PM

Location (facility/school) where injury occurred: \_\_\_\_\_

Activity in which injury occurred: \_\_\_\_\_ Coach: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Part of body injured: \_\_\_\_\_

Nature of possible or suspected injury (sprain, fracture, bruise, etc.): brief description \_\_\_\_\_

Describe how accident occurred: \_\_\_\_\_

IMMEDIATE ACTION TAKEN

\_\_\_\_\_ First Aid Applied (give brief description) \_\_\_\_\_

\_\_\_\_\_ Sent to physician's office \_\_\_\_\_ Called family

\_\_\_\_\_ Sent to hospital \_\_\_\_\_ Other \_\_\_\_\_

METHOD OF TRANSPORTATION

\_\_\_\_\_ Ambulance \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Private vehicle

WITNESS(ES) TO ACCIDENT

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reviewed by P&R Staff Member: \_\_\_\_\_

Date turned in: \_\_\_\_\_ Time: \_\_\_\_\_