



### 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:**