

# Incident/Accident Report Form

Please complete within 24 hours of incident/accident

Name of Injured \_\_\_\_\_  
First Middle Last

Age \_\_\_\_\_ Sex \_\_\_\_\_  Participant  Staff  Visitor

Address \_\_\_\_\_  
Street & Number City State Zip

If Minor, Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number City State Zip

Names/Addresses of Witnesses (Attach signed statements as to incident):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date of Accident/Incident \_\_\_\_\_ Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Day Month Date Year

Facility Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number City State Zip

Where incident/accident occurred? (Specify location, including location of injured and witnesses. Use diagram to locate persons and objects).

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

Describe incident/accident in detail: (Use additional pages if necessary) \_\_\_\_\_

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

Was individual participating in an activity at the time of the incident/accident? \_\_\_\_\_ If so what? \_\_\_\_\_

Was any equipment involved in the incident/ accident? \_\_\_\_\_

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

What emergency procedures were followed at time of accident? \_\_\_\_\_

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

Who administered the emergency care? \_\_\_\_\_

