



## ACCIDENT REPORT FORM

**Name of Injured Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **M:** \_\_\_\_\_ **F:** \_\_\_\_\_

**Facility/Park Where Injury Occurred:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Describe How Accident Happened:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where (Location on the Body) is the Person Injured:** \_\_\_\_\_

**Was First Aid Administered?** Yes: \_\_\_ No: \_\_\_

**Was Police/Emergency Services Called?** Yes: \_\_\_ No: \_\_\_

**If Yes, to Either of the Above Two Questions, What Action Was Taken?:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff on Site:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Report Filed By:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature of Injured:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*THIS FORM MUST BE FILED WITHIN 24 HOURS AFTER THE ACCIDENT OCCURS.**