



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.**