

**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: \_\_\_\_\_