



Accident Report Form

Date of Accident: _____ Time of Accident: _____

Name of Injured Individual: _____

Address of Individual: _____

Location of Accident: _____

Parent or Guardian: _____

Name of Person(s) who Witnessed the Accident:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Describe the Accident:

Signature of Reporter: _____

Signature of Staff: _____

Additional Follow-up Information:

