

ACCIDENT REPORT FORM

1. PERSONAL DETAILS OF INJURED PERSON

Name:			
Address:			
Phone number:		Email:	
Date of Birth:		Age:	

2. DETAILS

Date of Accident		Time of Accident:	
Location of Accident		To whom reported:	

3. ACCIDENT DETAILS

Accident Location:	
Equipment Involved:	
Name of event supervisor present:	
Name of other participants:	

4. INJURY DETAILS

Nature of Injury:				
Body Part Injured:				
Treatment given:				
By Whom:				
Please Circle:	First Aid	Ambulance	Doctor	Hospital
Name of Hospital attended:				
Name of Doctor attended:				

5. WITNESSES

Name 1	
Name 2	

6. WHAT WERE YOU DOING AT TIME OF ACCIDENT?**7. DESCRIPTION OF ACCIDENT**

8. ADDITIONAL INFORMATION (include photos/sketches if appropriate)

9. WHAT DO YOU CONSIDER MAY HAVE CAUSED THE ACCIDENT?

10. HOW CAN WE PREVENT THIS ACCIDENT HAPPENING AGAIN?

Signed: ortc

Date:

Signed: injured party

Date:

Signed: parent/guardian

Date:

