

ACCIDENT REPORT

1. NAME OF INJURED PERSON _____
First Middle Initial Last
2. HOME ADDRESS _____
Street City State Zip
3. PHONE NUMBER (Home) _____
4. AGE (Estimate if necessary) _____ 5. Male Female (Circle one)
5. DATE INJURY OCCURRED _____ HOUR _____ a.m. p.m.
6. WHERE DID THE INJURY OCCUR? (Be specific) _____

7. NATURE OF INJURY (Be specific: Bruised right elbow, twisted left ankle, etc.)

8. WHO GAVE FIRST-AID, IF ANY? _____
9. WAS AMBULANCE SUMMONED? Yes No (Circle one) WHAT TIME? _____
10. HOW DID INJURY OCCUR? _____

11. NAME OF WITNESS(ES) _____

12. SEQUENCE OF AID GIVEN TO AND RECEIVED BY INJURED PATRON:

13. ADDITIONAL INFORMATION. (Did patron complain of pain, was injury sustained while "roughhousing", did patron refuse aid, etc.)

14. DATE FORM PREPARED: _____ 15. COMPLETED BY: _____