

ACCIDENT REPORT FORM

Date of Accident: _____ **Time:** _____

Name of Injured Person: _____

Address: _____

Phone No.: _____ **Age:** _____

Parent or Guardian (if applicable): _____

Location of Accident: _____

Name of person(s) who witnessed the accident:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Describe in detail how the accident/injury occurred, including the names of all individuals involved:

Was the OCC medical response team called? Y/N If so, identify the team member(s) present: _____

Was the EMS called? Y/N Was the injured person taken to the hospital? Y/N If so, by whom? _____

Name of Person making report: _____

Phone No.: _____ **Title:** _____