

ACCIDENT REPORT

Date of Accident _____
Program or Activity _____

Time _____ [] A.M. [] P.M.
Facility _____

Name(s) of Person(s) Involved in the Accident

Name	Gender

Address	Zip	Phone

Describe the exact location within the facility where the accident occurred _____

Describe the events that led up to the accident _____

Describe, in detail, the nature of the accident itself _____

State exactly the part(s) of the body injured and the nature of the injury _____

List the coaches/employees who were on duty at the time of the accident _____

Describe, in detail, the first aid that was administered after the accident _____
