



# Accident Report

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Reported By Staff Member(s): \_\_\_\_\_ Date/Time of Accident: \_\_\_\_\_

**Person(s) Involved:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Parent/Guardian/Caregiver:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Staff/Witness Present:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Where Accident Occurred:

\_\_\_\_\_  
\_\_\_\_\_



Accident Description (including events leading to or immediately):

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Describe whether person fell, slipped, was struck, etc., and if a machine, object or substance was most connected with the accident: \_\_\_\_\_

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State the nature of the injury and what part or part(s) of the body were affected: (as "injury to hand," etc.): \_\_\_\_\_

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Describe type of footwear the person was wearing, if this was a fall: (as "sneakers", "sandals", "boots", "leather soled shoes", "high heels", "flip-flops," etc.): \_\_\_\_\_

Describe weather conditions, if relevant: (wet, snow, ice, clear, etc.): \_\_\_\_\_

Name of Hospital, if person was taken to one: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Staff Member Filing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Observations:

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Staff Signature: \_\_\_\_\_