Accident/Incident Report

IMPORTANT: Complete both sides of this report (Page 1 of 2)

Injured Person:	☐ Employee	☐ Athlete	☐ Coach	☐ Spectator	☐ Volunteer (state role) _____ ☐ Other (please state) _____
Name:	First	Middle	Last		
	☐ Male	☐ Female	Date of Birth:		
Phone:			Email:		
Address:					
Parent / Guardian (If injured person is a minor - Under 16)					
Name:	First	Middle	Last	☐ Male	☐ Female
Phone:			Email:		
Address:					

Accident/Incident Information

Name of Event or Workplace where incident occurred:				
Event or Workplace Address:				
Specific Location of incident:				
Classification:	☐ Non-Injury	☐ Minor Injury	☐ Serious Injury	
Date:		Time:	am / pm	
Weather conditions at time of incident (if outdoors):				
Type: (Mechanism of accident)	☐ Struck object with part of body		☐ Verbal abuse	
	☐ Struck by falling/flying/moving object		☐ Animal/Insect bite/sting	
	☐ Slip/Trip/Fall		☐ Other (please state)	
Body Part:	☐ Head	☐ Eye L / R	☐ Ear L / R	
	☐ Nose	☐ Tooth	☐ Neck	
	☐ Shoulder L / R	☐ Wrist L / R	☐ Finger L / R	
	☐ Back	☐ Knee L / R	☐ Ankle L / R	
	☐ Internal (state)	☐ No Injury	☐ Other:	
Primary Injury: (Nature of injury)	☐ Allergy	☐ Amputation	☐ Foreign Body	
	☐ Laceration/deep cut	☐ Heat Exhaustion	☐ Hypertension	
	☐ Cold Injury	☐ Electrical Shock	☐ Strain / Sprain	
	☐ Abrasion/graze	☐ Illness	☐ Dislocation	
	☐ Nausea	☐ Burn	☐ Fracture	
	☐ Pain	☐ Cardiac	☐ Contusion/bruising	
	☐ Seizures	☐ Concussion	☐ Sting / Bite	
	☐ Death	☐ Other:		

Accident/Incident Report

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Describe how the injury occurred (use a separate sheet if necessary):

Disposition:	No care given:	☐ Patient refused	☐ Not required	
	Released:	☐ To parent	☐ To personal vehicle	☐ To other:
	Referral:	☐ To doctor	☐ To hospital/clinic	☐ Not required
	Ambulance:	☐ Required	☐ Patient requested	☐ Not required

Witness Information

Name:	First	Middle	Last		☐ Male	☐ Female
Phone:				Email:		
Position:						
Name:	First	Middle	Last		☐ Male	☐ Female
Phone:				Email:		
Position:						
Name:	First	Middle	Last		☐ Male	☐ Female
Phone:				Email:		
Position:						

Person completing this report:

I declare that to the best of my knowledge, the information provided in this report is true and correct.						
Name:	First	Middle	Last		☐ Male	☐ Female
Phone:				Email:		
Position:				Signature:		

Send completed form to: