

## 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 \_\_\_\_\_