

ACCIDENT REPORT FORM

To be completed by the injured party

1. PERSONAL DETAILS OF INJURED PERSON

Name:			
Address:			
Phone number:		Email:	
Date of Birth:		Age:	

2. DETAILS

Date of Accident		Time of Accident:	
Location of Accident		To whom reported:	

3. ACCIDENT DETAILS

Accident Location:	
Equipment Involved:	
Name of coach/supervisor present:	
Name of other athletes involved:	

4. INJURY DETAILS

Nature of Injury:	
Body Part Injured:	
Treatment given:	
By Whom:	
Please Circle:	First Aid RGN Doctor Hospital
Name of Hospital attended:	
Name of Doctor attended:	

5. WITNESSES

Name 1	
Name 2	

6. WHAT WERE YOU DOING AT TIME OF ACCIDENT?

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7. DESCRIPTION OF ACCIDENT

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8. ADDITIONAL INFORMATION (include photos/sketches if appropriate)

9. WHAT DO YOU CONSIDER MAY HAVE CAUSED THE ACCIDENT?

10. HOW CAN WE PREVENT THIS ACCIDENT HAPPENING AGAIN?

Signed: injured party

Date:

Signed: parent/guardian

Date:

