ACCIDENT REPORT FORM

Name of Project / Event:……

Name of Injured Person:…….

Age:……

Address:……..

Please give date……..time…….and location of accident……..

Please describe what happened and injuries sustained:……..
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……..(continue overleaf if necessary)

If medical attention was required please state:
a) Name and address of doctor who attended the injured person: ……

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b) Hospital visited:…….

Witnesses:
Name:…….....Address:……
Name:…….....Address:……

Other Volunteers / Leaders present at accident:…….

Signed - Volunteer / Leader:……..

Address – Volunteer / Leader:……

Telephone – Volunteer / Leader:……

Date:……...

Received by Designate / Assistant Designate on…….....Signature.....……..