

Accident / Incident Report Form

Details of injured person:

Name: DOB:Gender:
Phone Nos:
Address:
Date of Accident/Incident: Time of Accident/Incident:
Parent’s Name (in case of a child):

Exact location of accident/incident:

What type of activity was the injured person doing at the time of the accident/incident?
.....

Where was the injured person at time of accident/incident ?

Did anyone witness the accident/incident ? Yes ☐ No ☐

Witness 1	Witness 2
Name:	Name:
Address:	Address:
.....
.....
Phone No:	Phone No:

Have you any photographs of the scene of the accident / incident (not the person) ?

Yes ☐ No ☐

Circumstances of the accident/incident if known:

Briefly describe the action leading to the injury including suspected cause of injury:
.....
.....
.....

General details of injury:

Bruising ☐

Sprain ☐

Open Wound ☐

Abrasion ☐

Burns /Scald ☐

Poisoning ☐

Electric Shock ☐

Fracture ☐

Concussion ☐

Other ☐

If other please specify: _____

Details of injury: (Please indicate part of body injured)

Head ☐

Eyes ☐

Neck ☐

Chest ☐

Abdomen ☐

Shoulder ☐

Arm ☐

Hand ☐

Leg ☐

Foot ☐

Other ☐

Action taken following accident/incident –

Were parent/s or family notified ? Yes ☐ No ☐

Was medical help sought? Yes ☐ No ☐

From whom was medical help sought ?

Reported by:

Address:

Phone No:

Signed:

Date: