



| Accident Report | | | |
|--------------------------------------|-----------------------------|---|--|
| Date | | Time am pm | |
| Name of injured | | Title Mr Mrs Miss Ms | |
| Address | | | |
| Tel: | | Age | Sex Male Female |
| Parent or supervisor | | Title Mr Mrs Miss Ms | |
| Address | | | |
| Tel: | | Age (if under 18) | |
| Place of accident (precise location) | | | |
| Item or Cause of accident | | | |
| Surface | | | |
| Description of accident | | | |
| Weather conditions | | | |
| Clothes and shoes worn | | | |
| Apparent Injury | | Body part | |
| Treatment given | | | |
| Time | | | |
| Follow-up treatment | | | |
| Time | | Arrival time am pm | |
| Ambulance called | Call time | | |
| Name of Doctor or Hospital | | | |
| Address | | | |
| Admitted Yes No | Time in hospital (if known) | | days |
| Parents or Caregiver informed | Yes No | Time | am pm |
| Witnesses to accident | | | |
| 1. | Address | | |
| 2. | Address | | |
| Remedial action recommended on site | | | |
| Date of report | | Signed | |