

Accident/Injury Report



eagle brook

Date of Accident/Injury: _____

Date of Report: _____

Name of Injured Person: _____

Date of Birth: _____

Address: _____

Phone Number: _____ Parent/Guardian Name(s): _____

Nature of Accident/Injury: _____

What part of the body was injured? _____

Was First Aid given? ☐ Yes ☐ No If yes, by whom? _____

What was done? _____

Action taken: ☐ continued activity ☐ limited activity ☐ sent home ☐ taken to hospital/doctor

Name of hospital/doctor: _____

Was 911 called? ☐ Yes ☐ No

What Happened (be specific)

Who was involved? _____

When did the accident/injury occur? Date & Time: _____

Where? Describe location (i.e., if outside was the location well lit; what safety measures were in place):

What happened? _____

What action was taken and by whom? _____

Who was it reported to and when? _____

Were the parents/guardians notified? ☐ Yes ☐ No If yes, how? _____

At what time? _____ Their response: _____

To whom was the injured released? _____

What if any equipment was connected to this accident/injury? _____

Did any behavior or activity by the injured contribute to the accident/injury? _____

Did any behavior or activity by any other individual contribute to the accident/injury? _____

Were there any other contributing factors? _____

How could this have been prevented? _____

Describe any additional actions or statements that were taken or made in regard to the accident/injury: _____

Witnesses (those who were present or observed occurrences):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of person making the report: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Claim made: _____ Claim #: _____

Claim Representative: _____ Phone: _____