

Accident/Incident Report Form

School/Instructor
ADDRESS
Email
phone

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Instructions: Complete and submit this form to _____ at _____ as soon as possible following the reported incident, accident, or injury. All information in this report is **CONFIDENTIAL**.

Incident Conditions	Description:
Date and Time of Incident:	Description of incident:
Location (general):	
Where (water, beach, other):	
Others involved:	
Others involved:	
Injury / Property Damage? (circle one or both)	

Injured Person	
Name:	Address:
Status (student, bystander):	
Age:	Email:
Phone:	Parent/Guardian Name:
	Parent Guardian present? (Y/N)

Injury Description	Description:
Nature of Injury:	Description of injury:
Action Taken on Site:	
Recommended to follow up with physician?	
Where did injured go after injury?	
Doctor/Hospital Phone:	
Insurance Info:	

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Property Damage	Description of Damage
Nature of Damage:	Describe or Draw:
Estimated Value of Damage:	
Owner:	

Witnesses			
Name:		Name:	
Address:		Address:	
Phone:	Role:	Phone:	Role:

Reporting	Additional Notes
Person Completing form:	
Signature:	
Submitted (name and date):	
Received by (name and date):	
Reported to:	
Reported Date:	