

# 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
<b>Nature of Damage:</b>	<b>Describe or Draw:</b>
<b>Estimated Value of Damage:</b>	
<b>Owner:</b>	

Witnesses			
<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Phone:</b>	<b>Role:</b>	<b>Phone:</b>	<b>Role:</b>

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