Accident | Incident Report Form

Use this form to report incidents such as injuries, medical situations or accidents. Please complete the report within 24 hours of the event.

INFORMATION ABOUT THE INCIDENT

Check All That Apply

- [ ] Injury
- [ ] Fatality
- [ ] Property Damage
- [ ] Illness
- [ ] Motivation / Behavior
- [ ] Near Miss

Date of Incident*

MM/DD/YYYY

Time of Incident*

Type of Program*

Length of Program*

Name of Site*

Site Location*

Patient's Name*

Is the Patient a Participant or Staff?*

Patient's Address

Street Address

City

Region

Postal / Zip Code

United States

Patient's Home Phone

Patient's Work Phone

Sex

Choose One

Age

Date of Birth

1. Program Activity*

What activity was the patient engaging in when they were injured? Was the activity scheduled? What were they doing?

2. Contributing Causes (Weather, Negligence, Gear Failure, etc.)*

What was occurring that contributed to the cause of the accident?

3. Type of Injury / Illness / Damage*

Briefly describe the type and location of injury/illness/damage.

4. Treatment Information*

- Treated in Field
- Treated at Medical Facility (Please List Name/Location Below)
- Treated at ER/Hospital (Please List Name/Location Below)

Name & Location of Medical Facility (if any)

Primary Insurance Form Left With Doctor*

Yes No NA

SOAR Insurance Form Left With Doctor*

Yes No NA

Parents or Emergency Contact Notified*

Yes No NA

Who Contacted Them? (Name & Title)

5. Were Bodily Fluids Spilled?*

Yes No

If So, Were Protocols Followed?

Yes No

6. Narrative (Describe What, How, Conditions, First Aid/Treatment Rendered)*

7. Analysis (Observations, Suggestions)

8. Form Completed By | Witness Information

This Form Was Completed By (Name & Title)*

Email*

Date Completed*

Witnesses (If Applicable)

Witness Name

First

Last

Address

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

United States

Phone

Age

Witness Name

First

Last

Address

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

United States

Phone

Age

Additional Comments

Reviewed By (Name)

Reviewer Comments

Signature of Director

Date