

# Sample Accident Report Form

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Name of child/youth injured: \_\_\_\_\_ Age: \_\_\_\_\_

Address of child/youth: \_\_\_\_\_

\_\_\_\_\_

Parent/guardian contacted: \_\_\_\_\_

Person(s) who witnessed the accident

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Accident Reporter

\_\_\_\_\_  
Date