
Preliminary Accident Report Form

Injured: _____ Age _____ Sex _____ Phone _____

Address: _____

City: _____ ST _____ ZIP _____

Team (if applicable) : _____ Association with league: _____

Manger / Coach: _____ Phone: _____

Description of injury: (What part of the body? Nature of Injury?): _____

Action Taken:

_____ a. None required

_____ b. Parent / Guardian contacted. Name of Parent / Guardian: _____

Date: _____ Time: _____ Who Called: _____

_____ c. First Aid given by: _____

_____ d. Ambulance called: _____ Date: _____ Time: _____

_____ e. Injured taken to: _____

By: _____

Accident:

Date: _____ Time: _____ Place: _____

Description (what activity was involved or took place): _____

Person in charge when accident occurred: _____

Witness: _____ (if available)

Name: _____

Name: _____

Report Prepared by: _____ Date: _____