





# INCIDENT/ACCIDENT REPORTING FORM

Did the injured party state that he or she contributed to the accident in any way?

Yes  No

If yes, please describe: \_\_\_\_\_

Did another participant contribute to the injury?

Yes  No

If yes, please describe: \_\_\_\_\_

Were any photographs taken?

Yes  No

If yes, please enclose all photographs.

Activity Time Lost:  None  ½ Day or More  Ended Participation

Describe any first aid given (include a list of any medications given): \_\_\_\_\_

Did the injured party refuse first aid or evacuation?

Yes  No

If yes, please describe: \_\_\_\_\_

Does the injured take any medications or have any allergies?

Yes  No

If yes, please describe: \_\_\_\_\_

Is this a re-injury of an old condition?

Yes  No

Employees on site at time of accident:

Name	Age	Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the injured party been at this location before?

Yes  No

If yes, indicate frequency: \_\_\_\_\_

Does the injured party currently have medical insurance?

Yes  No

If yes, with what company?: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_