

ACCIDENT REPORT

ONE COPY OF THIS REPORT GOES TO CENTER - OTHER TO INJURED PARTY

NAME OF INJURED PARTY: _____ AGE: _____ SEX: _____

RESIDENCE: _____ PHONE: _____

DATE INJURED: _____ TIME: _____ LOCATION: _____

HOW DID IT HAPPEN: _____

WAS FIRST AID GIVEN? _____ IF YES, BY WHOM? _____

WAS INJURED PARTY TREATED BY A RESCUE SQUAD? _____

WAS INJURED PARTY BROUGHT TO A HOSPITAL? _____ IF YES, WHERE: _____

WHO TOOK THE INJURED PARTY TO THE HOSPITAL: _____

ADDRESS: _____ PHONE: _____

WAS ANY EQUIPMENT INVOLVED IN THE ACCIDENT? _____

EMPLOYMENT STATUS OF INJURED PARTY: (Full time, Mayor's Summer Youth, i.e.) :

IF INJURED PARTY IS NOT AN EMPLOYEE, DESCRIBE WHY HE/SHE WAS IN THE BUILDING: (Youth Program, visitor, i.e.) _____

NAME (S) OF ANY WITNESSES TO THE ACCIDENT!

_____ PHONE: _____

_____ PHONE: _____

NAME OF PERSON MAKING THIS REPORT: _____

NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT: _____

ADDITIONAL REMARKS: _____
