

Incident/ Accident Report

Date: _____
Report # _____
Issued by show/event

Location of Incident/Accident _____

Person Involved/ Injured: If under 18 years or guardian present: Yes No

Name: _____ DOB _____

Address: _____ City: _____ Zip: _____

Phone: _____ C / H _____

Guardian/parent Name: _____ Phone: _____

Was 911 Called ? Y N Emergency Services _____ Police Services _____

Was First Aid administered? Yes No By: Event Staff ___ EMT ___

Were Emergency Services Provided? Yes No Agency _____

Was Emergency Care "refused"? Yes No Report # _____

Police contact? Yes No Agency _____

Report # _____

Incident/ Accident description: _____

Was event participant Release Form signed? Yes No Non Participant: Y N
*attach signed Release of Liability to this report

Name of Event: _____

Location: _____

Reported by: _____ Title: _____

Date/ Time: of report: _____
Signature

ADD Witness statements(s) and additional information on the back

Report # _____

Additional Narrative Information:

Witness Information:

1) Name:
Address:
Phone:
Statement:

2. Name:
Address:
Phone:
Statement:

3. Name:
Address:
Phone:
Statement:

Return this form to the Event Chairperson **immediately** after the incident/accident. Signed Release of Liability forms will be attached to this report. Please forward all information and report(s) to the Insurance Representative within 24 hours of the incident/accident.

Submitted by: _____ Date: _____ Time: _____
Print

Signature: _____