



## ACCIDENT/INCIDENT REPORT FORM

\*\*This form is to be completed by a SCORE Corps member and turned into the America SCORES Cleveland Office within 24 hours.\*\*

**Please Check Appropriate Box**

Accident (injury)    
  Behavior Problem    
  Destruction of Property    
  Other

**Please Print**

Site Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Individual (s) Involved: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Individual (s) Involved: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent notified?  Yes  No. Name of parent notified: \_\_\_\_\_

If no parent was notified, why? \_\_\_\_\_

Who notified parent (s)?: \_\_\_\_\_ Time notified: \_\_\_\_\_

Extent of Injury/Incident: \_\_\_\_\_

\_\_\_\_\_

How did accident/incident happen?: \_\_\_\_\_

\_\_\_\_\_

First Aid applied by: \_\_\_\_\_ Describe First Aid given: \_\_\_\_\_

Hospital recommended?  Yes  No

Did individual(s) refuse?  Yes  No

Transported to Hospital?  Yes  No

Transported by whom?: \_\_\_\_\_

Witness(s) to accident/incident:

\_\_\_\_\_

Name	Address	City/Town	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Name	Address	City/Town	Phone
_____	_____	_____	_____

Person completing this report:

\_\_\_\_\_

Print Name

Signature

Title

Date