



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

Person completing this report:

Print Name	Signature	Title	Date