

Accident Report Template



Reported By: _____

Title / Role: _____

Date of Report: _____

Accident Report Information:

Date of Accident: _____

Injured Party's Full Name: _____

Injured Party's Contact Information: _____

What Appears to be Injured: _____

Specific Location of Accident (Where in your facility? If you are a multi-location business, which location did this occur at?):

What Equipment was being utilized at the time of the Accident:

Description of Accident:

Other Parties Involved:

Was anyone else involved in the Accident? If so – list their name, role, and their contact info:

Please list a few witnesses to the accident – list their name, role, and their contact info:

Follow-Up:

Was there a Police Report Filed? _____

Was an Ambulance offered? If yes, was it declined? _____

Follow-Up Action Notes:

Supervisor Name: _____ Supervisor Signature: _____