

**TVSEF ACCIDENT REPORT FORM**

Date of injury: \_\_\_\_\_ Time of injury: \_\_\_\_\_

Name of injured person: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Weather: \_\_\_\_\_

Snow Conditions: \_\_\_\_\_ Ability level of injured person: \_\_\_\_\_

What is the nature of the injury? \_\_\_\_\_  
\_\_\_\_\_

Did you see the accident? YES or NO

If YES, briefly describe how the accident occurred. \_\_\_\_\_  
\_\_\_\_\_

If NO, how did you learn about the accident? \_\_\_\_\_  
\_\_\_\_\_

Briefly describe what action you took to handle the situation after the accident.  
\_\_\_\_\_

Was there further action taken?  
\_\_\_\_\_

WITNESSES: List the complete names of the participants in your group who saw the accident:  
\_\_\_\_\_

List names and accurate phone numbers of any other witnesses:  
\_\_\_\_\_

Form has been completed by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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