

ACCIDENT REPORT

1. GENERAL INFORMATION

Name: _____ Address: _____

Phone Number: _____ Volunteer Consumer

Date/Time of Accident: _____ Exact Location of Accident: _____

2. DESCRIPTION OF INJURY/ILLNESS

Be as specific as possible

Type of accident (i.e fall) _____

Type of Injury (i.e. sprain) _____

Part of Body _____

First Aid

Hospital _____

Clinic _____

Phone Number _____

Doctor _____

3. DESCRIPTION OF INCIDENT

What happened? How did it happen?

Name(s) of witness(es) to the accident. Use reverse side for statements.

4. ANALYSIS

What caused the incident? Why did it happen?

State what can be done to prevent recurrence, by whom? And when?

What concerns do you have about this injury, if any?

Signature of Volunteer _____ Date _____

Signature of Consumer _____ Date _____

Please contact and submit form to:

AEOA

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