



Accident Report

Name of Injured Person: _____

Address: _____

Telephone #: _____ Sex: _____ Age: _____

Where accident occurred? _____

Date of accident: _____ Time: _____

Describe in detail the extent of the injuries: _____

Was first aid administered: (please circle one) YES NO

Explain fully what care was given: _____

Describe how the accident occurred: _____

Witness Name: _____ Phone #: _____

* this report is to be filed in the League Office IMMEDIATELY.

Injured Person

Please PRINT Name
