



**PRELIMINARY ACCIDENT REPORT**

**TO BE COMPLETED BY SCHOOL EMPLOYEE IMMEDIATELY FOLLOWING ACCIDENT**

1. Student's Name: \_\_\_\_\_

2. Student's Training Program: \_\_\_\_\_

3. Date and Time of Accident: \_\_\_\_\_ AM or PM

4. Exact Location of the Accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Was Injured Person Supposed to be in this Place at this Time?

6. Fully Describe the Nature and Extent of the Injuries using Back of Form if Needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Names of Persons that Provided First Aid/Medical Treatment:

School Employee/Student: \_\_\_\_\_

Physician: \_\_\_\_\_

Hospital: \_\_\_\_\_



**PRELIMINARY ACCIDENT REPORT**

**TO BE COMPLETED BY SCHOOL EMPLOYEE IMMEDIATELY FOLLOWING ACCIDENT**

8. List the Names of All Witnesses to the Accident or Those Nearby When it Occurred:

---

---

---

---

---

---

---

---

9. Briefly Describe the Cause of the Accident:

---

---

---

---

---

---

---

---

10. What was the Injured Person's Statement Regarding the Accident?

---

---

---

---



**PRELIMINARY ACCIDENT REPORT**

**TO BE COMPLETED BY SCHOOL EMPLOYEE IMMEDIATELY FOLLOWING ACCIDENT**

11. What was the Mental and Physical Condition of the Injured Person Prior to the Accident?

---

---

---

---

12. Additional Employee Comments:

---

---

---

---

13. Name and Title of Person Reporting this Accident: \_\_\_\_\_

14. Accident Victim's Comments:

---

---

---

---

15. Accident Victim's Signature and Date: \_\_\_\_\_