

Accident/Injury Report Form

This form is to be used to report any incident, injury or accident. Scan and email this completed form to the Risk Management Department at Insurance@gsnorcal.org within 24 hours of the incident, 24 hours a day, 7 days a week.

A. Injured Party's Information

Date of Accident/Injury: _____ Time: _____ a.m. p.m.
Location (include complete address): _____
City/State: _____ Zip Code: _____
Name of injured Party: _____ Age: _____ Male Female
Address: _____
City/State: _____ Zip Code: _____
Parent/Guardian Name: _____ Phone: _____
Parent/Guardian Email Address: _____

B. Witnesses (attach signed statements)

Name: _____ Phone: _____
Address: _____
City/State: _____ Zip Code: _____
Email: _____

Name: _____ Phone: _____
Address: _____
City/State: _____ Zip Code: _____
Email: _____

Name: _____ Phone: _____
Address: _____
City/State: _____ Zip Code: _____
Email: _____

C. Describe Accident/Injury and how it occurred (include part of the body injured):

D. First Aid

Was first aid administered? Yes No
If yes, by whom? _____ Where? _____
Time first aide was administered: _____ a.m. p.m.
Description of first aid administered:

E. Action Taken

If taken to Hospital/Clinic, who transported the injured party? _____
Name of Hospital/Clinic: _____
Address: _____
City/State: _____ Zip Code: _____
Name of Attending Physician: _____

F. Following the Accident/Incident

After the accident/incident occurred, did the injured party
continued activity continued limited activity went home sought professional medical care

G. Parent/Guardian Notification

Were parents/guardians notified? YES NO
If yes, how? Phone Call Email Letter How soon after the accident/incident? _____
Who notified the parent/guardian? _____

H. Equipment

Was any equipment or object connected with this accident/incident? YES NO
If yes, what was the equipment or object and how did it contribute to the accident/incident?

I. Behavior

Did any behavior or activity by injured party contribute to the accident/incident? YES NO If yes, please explain.

J. Other contributing factors

K. Prevention

How could this accident/incident have been prevented?

Submitted by: _____ Position/Title: _____ Date: _____
Email: _____

OFFICE USE ONLY Date received in the council office: _____ Date reported to insurance company: _____
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