# Accident Report

**Details of person completing this record**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Position |  | |
| Date and time record was made | /     / | AM/PM |
| Signature (must be handwritten) |  | |

**Casualty details**

|  |  |  |
| --- | --- | --- |
| Casualty’s name |  | |
| Age |  | |
| Gender | Male | Female |

**Accident details**

|  |  |  |
| --- | --- | --- |
| Accident date and time | /     / | AM/PM |
| Accident location |  | |
| Name of witness |  | |
| Signature of witness (must be handwritten) |  | Date:      /     / |

Fill up the relevant fields and leave blank those that do not apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General activity at the time of the incident: | | | | |
| Incident | Injury | | Trauma | Illness |
| Description of general activity | |  | | |
| Cause of injury/trauma | |  | | |
| Circumstances surrounding any illness, including apparent symptoms | |  | | |

|  |  |  |
| --- | --- | --- |
| Indicate on the diagram the part of the body affected: | | |
| A picture containing linedrawing  Description automatically generated | Abrasion/Scrape  Allergic reaction (not anaphylaxis  Amputation  Anaphylaxis  Asthma/respiratory  Bite wound  Bruise  Broken bone/fracture/ dislocation  Burn/sunburn  Choking  Concussion  Crush/jam  Cut/open wound  Drowning (non-fatal)  Electric shock | Eye injury  Infectious disease (including gastrointestinal)  High temperature  Ingestion/inhalation/ insertion  Internal injury/ Infection  Poisoning  Rash  Respiratory  Seizure/unconscious/ convulsion  Sprain/swelling  Stabbing/piercing  Tooth  Venomous bite/sting  Other (please specify): |

**Action taken**

|  |  |  |
| --- | --- | --- |
| Details of action taken (including first aid, administration of medication, etc.): | | |
| Did emergency services arrive? | Yes | No |
| Was medical attention sought from a registered practitioner/hospital? | Yes | No |
| If you answered yes to either of the above, provide details: | | |
| Have any steps been taken to prevent or minimise this type of incident in the future? | | |

**Additional notes**

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End of Accident Report Template