

# International Training

## ACCIDENT / INCIDENT REPORT

**Directions:** Please print or type clearly. It is extremely important that you fill in this form COMPLETELY!

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Date of Accident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name of Victim: \_\_\_\_\_  
Day / Month / Year Last / Family / Surname First / Given Initial

Location of Accident: \_\_\_\_\_

Address of Victim: \_\_\_\_\_

Sex: ☐ M ☐ F Age: \_\_\_\_\_ Was this an instructional session? ☐ Yes ☐ No

Check all items applicable: ☐ Fatality ☐ Bodily Injury ☐ Non-Injury ☐ Other (describe): \_\_\_\_\_

Describe the experience of the victim; was he or she a student? \_\_\_\_\_

Describe the injuries suffered by the victim: \_\_\_\_\_

Please describe any rescue or emergency procedures used and first aid given: \_\_\_\_\_

Please list any other emergency personnel / agencies that attended: \_\_\_\_\_

Narrative Report: Describe the accident and the events leading up to it with your best overview, including the roles of the participants. Use additional pages if needed to give a complete account:

Instructor Name: \_\_\_\_\_ Instr. #: \_\_\_\_\_  
Last / Family / Surname First / Given Initial

Your Address: \_\_\_\_\_

Your Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Describe your personal participation in the incident (i.e. were you instructing the victim, a witness, called on to assist, etc.): \_\_\_\_\_

Please list the names, addresses and phone numbers of all other participants, witnesses. Use additional sheets if needed: \_\_\_\_\_