

Brimbank Stallions FC

Accident Report Form

Date _____

Name of Injured: _____ Male _____ Female _____

Age of Injured: _____

Team Injured plays for _____

Telephone Number _____

Date of Accident: _____

Time of Accident: _____ A.M / P.M.

Location Accident Occurred: _____

Nature of Injury

Ankle _____

Finger _____

Foot _____

Forearm _____

Head _____

Scalp _____

Tooth _____

Wrist _____

Face _____

Mouth _____

Nose _____

Hand _____

Ear _____

Knee _____

Elbow _____

Other _____

Leg _____

Arm _____

Back _____

Shoulder _____

Eye _____

Thigh _____

Ribs _____

Probable Cause of Accident

Fall _____

Collision _____

Struck by _____

Specify Other _____

Brief Description of Accident: _____

Immediate Action Taken

First Aid _____

Sent to Hospital _____

Sent to Doctor _____

Other _____

Emergency Number Available _____

First Aid Kit on Site _____

Refused Attention _____

Method of Transportation

Ambulance _____

Private Vehicle _____

Other _____

Time Reported

Time Arrived

Information of Witnesses

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Person Completing Report

Name _____

Address _____

Phone _____

Position _____ Date _____

Signature _____