

## Sample Accident/Incident Report Form

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### SECTION ONE: GENERAL

Facility Name: \_\_\_\_\_

Facility Owner: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Competition Contact: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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### SECTION TWO: ACCIDENT/INCIDENT DETAILS

1. Is Legal Action Possible?: \_\_\_\_\_ Unlikely? \_\_\_\_\_ Certain? \_\_\_\_\_

2. Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

3. Event Name: \_\_\_\_\_

4. Location of Accident: \_\_\_\_\_

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*Please be exact in your description*

5. Number of people involved in the accident: \_\_\_\_\_ Number of minors?: \_\_\_\_\_

6. Did the Accident occur inside or outside?: \_\_\_\_\_

7. Describe the Weather Conditions: \_\_\_\_\_

8. Describe indoor environment (lighting, temperature, etc): \_\_\_\_\_

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9. Number of people at the event: Competitors \_\_\_\_\_ Other: \_\_\_\_\_

10. Number of Witnesses: Competitors \_\_\_\_\_ Other: \_\_\_\_\_

11. Describe the incident in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Explain exactly WHAT happened, precise location of WHERE it occurred, WHO was involved, WHEN it occurred, any precipitating circumstances which might have led to the occurrence, and all actions which resulted from the incident in attempting to deal with the incident (ie: what was done to help or correct the situation).*

**12.** Was the use of alcohol or drugs noticed in any way? \_\_\_\_\_  
If yes describe HOW/BY WHOM \_\_\_\_\_

**13.** Did an injury occur, state the nature of medial aid/treatment provided (if any) and by whom: \_\_\_\_\_  
\_\_\_\_\_

**14.** If a person (s) were injured list the names: \_\_\_\_\_  
\_\_\_\_\_

**15.** List the names of persons directly involved with this incident:  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**16.** List the names of any witnesses to this incident. Witnesses must sign the report (if possible)  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**17.** If an ambulance was called, state the name of the company and ambulance attendant: \_\_\_\_\_  
\_\_\_\_\_

**18.** If person(s) were transported to the hospital please indicate what hospital: \_\_\_\_\_  
\_\_\_\_\_

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**19.** If person(s) were transported to the hospital not by an ambulance, please state how they were transported: \_\_\_\_\_

**20.** If person(s) were injured, give brief description of the injury: \_\_\_\_\_  
\_\_\_\_\_

**21.** Describe any equipment or materials which may have cause or been involved in an accident and note any deficiencies in equipment: \_\_\_\_\_  
\_\_\_\_\_

**22.** Itemize any additional particulars not covered in this form that may be of importance or pertinent to the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If possible please provide photographs of the area where the incident occurred.**

**SECTION THREE: WITNESS SIGNATURES**

**I hereby verify I was present and a witness to the accident as reported having occurred at this event.**

Name	Mailing Address	Telephone Number
_____ <i>Signature</i>		
_____ <i>Signature</i>		
_____ <i>Signature</i>		

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<hr/> <i>Signature</i>		
<hr/> <i>Signature</i>		

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**SECTION FOUR: SUBMITTAL**

**This report was completed and submitted by:**

Name: \_\_\_\_\_

Position with Event: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date