

Safe Sanctuary Accident Report Form

Accident date: _____

Accident time: _____

Accident location: _____

List each minor injured:

Name: _____ age: _____

Address: _____

Phone: _____

Parent/Guardian names: _____

Name: _____ age: _____

Address: _____

Phone: _____

Parent/Guardian names: _____

Name: _____ age: _____

Address: _____

Phone: _____

Parent/Guardian names: _____

Describe the accident:

List names and phone numbers of witnesses

Name: _____ phone: _____

Name: _____ phone: _____

Reporter's signature

Date