

ACCIDENT/INCIDENT FORM

Use this ACCIDENT / INCIDENT REPORT FORM to report any incident or accident that occurs during a Youth Services Mentor Program outing. Any event that has the potential for injury should be reported. This form will be filed in the Youth Services Mentor Program office when completed.

REPORTER INFORMATION

- Name of Reporter: _____
- Reporter's relationship to injured party: (circle one)
Adult mentor Child Parent/Guardian Staff
- Reporter's Contact Information:
Home Address: _____
Daytime Phone: _____ Evening Phone: _____

INCIDENT INFORMATION

- Exact date and time the incident occurred: _____
- Exact location of the incident: _____

- Detailed description of the incident: _____

(Attach pages if necessary)

- Witnesses to incident (name and phone number)
1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____
- Was this incident in violation of Youth Services Mentor Program policy? (circle one)
Yes No
- If yes, specify which policy and how the incident violated it. _____

Nature of Injury (Circle any that apply)

Abrasion	Amputation	Asphyxiation
Bruise	Burn	Concussion
Cut	Dislocation	Fracture
Poisoning	Puncture	Scalds

Shock (electrical) Sprain
Other (Specify): _____

Part of Body Injured (circle any that apply)

Abdomen	Ankle	Arm
Back	Chest	Ear
Elbow	Eye	Face
Finger	Foot	Hand
Head	Knee	Leg
Mouth	Nose	Scalp
Tooth	Wrist	Toe

Other (Specify): _____

Degree of Injury: _____

ACTION TAKEN

- First aid treatment: _____

- Medical care required: _____

- Emergency services required: _____

- Police Dept. notified? (Circle one) Yes No CPS notified? (circle one) Yes No
- What action will be taken to resolve the incident?

- Did the affected party offer any explanation for the conduct? If so what was it?

Persons Notified: (circle all that apply)

Mother Father Other: _____

Name of person notified: _____ Date: _____

Notified by whom: _____ Time: _____

Signature of reporter

Date

Printed Name