

# MTBS ACCIDENT REPORT FORM

ACCIDENT REPORT FORM TO BE COMPLETED BY THE HEAD COACH  
or PARK ADMINISTRATORS.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

Date Accident Was Reported: \_\_\_\_\_

Injured Party: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work/Cell Phone Number: \_\_\_\_\_

Parents/Guardian information if different from injured party

Parent/Guardian: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work/Cell Phone Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of incident/accident: \_\_\_\_\_

Location of Injury: \_\_\_\_\_

Where was injured party taken to for medical treatment:

\_\_\_\_\_

Description/Cause of Injury:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses to Injury:

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

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work/Cell Phone Number: \_\_\_\_\_

Name of Person Submitting Report: \_\_\_\_\_

Name of Person Taking Report: \_\_\_\_\_