



Accident Report Form

This form must be completed by the YVP leader/volunteer as soon as possible after any accident has occurred. This form should be sent to the Safety Officer.

Name: Leader Volunteer Participant

Date & Time of Alleged Accident:

Location:

Grade of Accident*: Minor Moderate Severe

Brief Particulars:
.....

(Continue overleaf if necessary)

Nature of Injury:
(If to limb or eye, state whether left or right)

What action was taken to treat or minimize injury or damage?
.....
.....
.....

In cases or moderate or severe accidents please state the names & addresses of any witnesses:

(1)
(2)

What was the person doing at the time of the accident?

Signed: Date:

*Minor = Onsite treatment; Moderate = First aid and referred for medical attention; Severe = Ambulance called.