



ACCIDENT REPORT

Name (legal): _____ Cell Phone#: _____

Date of Injury: _____ Time of Injury (approx.): _____

Home Address (w/ zip code): _____

Social Security Number: _____ Date of Birth: _____

E-mail Address: _____

What part of your body was injured (ring finger on left hand, right ankle, etc.)?

Where were you when the injury took place (dressing room, on stage, etc.)?

What were you doing when the injury occurred (Ex: I was crossing the stage when I slipped and fell onto my right knee during "What's Going On")?

What type of injury do you believe you sustained (sprained ankle, twisted knee, bruised elbow, etc.)?

Do you plan to see a Doctor immediately?

(Answering no now does not preclude you from seeing a doctor at a later date.)

Yes _____ No _____