



## 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\_\_\_\_\_