

REPORT FORM FOR: ACCIDENT/INJURY or INCIDENT

DOCENT NAME _____

DATE _____ **TIME** _____ **AM/PM**

WEATHER CONDITIONS _____

LOCATION OF ACCIDENT or INCIDENT

**INJURED PARTY:
NAME** _____

ADDRESS _____

PHONE _____

**WITNESSES TO ACCIDENT or INCIDENT
NAME** _____

ADDRESS _____

PHONE _____

NAME _____

ADDRESS _____

PHONE _____

BRIEF DESCRIPTION OF ACCIDENT or INCIDENT

INJURIES SUSTAINED: _____

EMERGENCY SERVICES CALLED: YES/NO

TIME OF ARRIVAL: _____

TYPE OF EMERGENCY TRANSPORTATION: _____

REPORT MADE TO CA. STATE PARKS: YES/NO

For Additional Details or Comments, use reverse side
Return completed forms to the FES Office