



Block Party Trailer Incident & Accident Report

Please complete all questions to the best of your ability. *Please print clearly.*
Thank you for your assistance!

Injured Person's Information:

Name: _____

If minor, legal guardian's name: _____

Contact

Street Address: _____

City: _____

State: _____

ZIP: _____

Phone (home): _____

Phone (mobile): _____

State of Mine (circle one): *Confused* *Calm* *Panicked* *Aggressive* *Other:* _____

Medication or allergies (circle one): *No* *Yes* - _____

Description of Accident:

Date / Time of Injury: _____

Location: _____

Weather Conditions: _____

Describe the injury in detail (body part, type of injury, severity, etc.):

Is this an aggravation of a prior injury or condition (circle one): *Yes* *No*

Describe in detail how the accident happened:

Did the injured person or any other participant contribute to or state that he/she contributed to the accident in any way (circle one): *Yes No*

If yes, please describe: _____

Did equipment contribute to the accident (circle one): *Yes No*

If yes, please describe: _____

Were any photographs taken (circle one): *No Yes* (If yes, enclose all photographs.)

Was first aid given (circle one): *Yes No Refused*

List any medications given: _____

Person(s) supervising the rental unit on site at the time of accident:

Name	Age
_____	_____
_____	_____
_____	_____

PERSON COMPLETING THIS STATEMENT

Print Name: _____

If minor, legal guardian's name: _____

Contact

Street Address: _____

City: _____

State: _____

ZIP: _____

Phone (home): _____

Phone (mobile): _____

Signature: _____

Date: _____