

7.18.1

ACCIDENT REPORT Illinois Association of SkillsUSA

INJURED PERSON _____ AGE _____ GRADE _____
ADDRESS _____ TOWN _____ STATE _____ ZIP _____
HOME PH. _(_____) _____ SCHOOL PH. _(_____) _____
SCHOOL _____ SECTION _____ ADVISOR _____
ADDRESS _____ TOWN _____ STATE _____ ZIP _____

ACCIDENT LOCATION _____
DATE _____ TIME _____ EVENT _____
DESCRIBE FULLY HOW THE ACCIDENT OCCURRED _____

NAME APPLIANCE OR PERSON IN CONNECTION WITH WHICH INJURY OCCURRED _____

WITNESSES
NAME _____ PHONE _(_____) _____
ADDRESS _____ TOWN _____ STATE _____ ZIP _____
NAME _____ PHONE _(_____) _____
ADDRESS _____ TOWN _____ STATE _____ ZIP _____

NATURE AND EXTENT OF INJURY _____

WHERE INJURED PERSON WAS TAKEN AFTER ACCIDENT _____

DATE OF THIS REPORT _____

Signature of person making this report

PARENT NOTIFIED ___ YES ___ NO SCHOOL NOTIFIED ___ YES ___ NO
HOSPITALIZED ___ YES ___ NO IL SkillsUSA Notified ___ YES ___ NO

DIRECTIONS:
Give one copy to the Illinois SkillsUSA Conference Director **and** keep one copy for your records.