

# 7.18.2

## ACCIDENT REPORT Illinois Association of SkillsUSA

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INJURED PERSON \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PH. \_(\_\_\_\_\_) \_\_\_\_\_ SCHOOL PH. \_(\_\_\_\_\_) \_\_\_\_\_

SCHOOL \_\_\_\_\_ SECTION \_\_\_\_\_ ADVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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DIRECTIONS: **Complete the top portion of this form only.** The remainder of the form is for Illinois SkillsUSA staff only. Give this form to the Illinois SkillsUSA Conference Director.  
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### STATE STAFF INTERVIEWS

PERSON INTERVIEWED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON INTERVIEWED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON INTERVIEWED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DISPOSITION OF CASE \_\_\_\_\_  
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