



Accident / Incident Report Form

If there is an accident or incident during an SRO event, please complete the form below and send to **Students Run Oakland, Attn: Administrator, PO Box 10696, Oakland, CA 94610**

Site Captain

Name: _____ Phone: _____ Site Location: _____

Accident/Incident Report Details

Who was injured person? (circle applicable) Student Volunteer Other

Date of incident: _____ Time: _____ AM/PM No. of persons involved: _____

Name of Injured Person 1: _____ Phone: _____

Address: _____

Age at date of accident? _____ Date of birth: _____ Male _____ Female _____

Name of Injured Person 2: _____ Phone: _____

Address: _____

Age at date of accident? _____ Date of birth: _____ Male _____ Female _____

Nature of Injury: _____

Description of what happened and details of injuries sustained: _____

Witness(es) name: _____ Phone No.: _____

Parent/Guardian Contacted? Yes _____ No _____ Time? _____ How? _____

Name of Person Contacted: _____ Relation: _____

Address: _____ Phone: _____



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Action Taken: _____

Describe Medical Treatment/First Aid: _____

Injury required EMT (911) to be called? Yes _____ No _____

Injury required physician/hospital visit? Yes _____ No _____

Name of physician/hospital: _____

Address: _____

Physician/hospital phone number: _____

Signature of injured party Date / Time

**No medical attention was desired and/or required.*

Signature of injured party Date / Time

Signature / Title of Person Completing Form Date / Time