

RSU No. 5 Community Programs  
Durham - Freeport - Pownal

**Adult Participant Accident Report**

NOTE: This report should be completed within 24 hours of the incident while the facts are still fresh in the minds of witnesses and should be filed with RSU5CP Central Office.

Name of Injured: \_\_\_\_\_

DOB: \_\_\_\_\_

Name of Program: \_\_\_\_\_

When/where accident occurred: Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Person reporting accident: \_\_\_\_\_

Names of any witnesses: \_\_\_\_\_

Brief Description of Injury (where on body/type of injury): \_\_\_\_\_

Brief description of how injury occurred: \_\_\_\_\_

Are you aware of any pre-existing or contributory injuries/conditions? \_\_\_\_\_

First Aid or Other Care Given: \_\_\_\_\_

Was 911 Called:    YES    NO

Were Other Medical Professionals Contacted:    YES    NO

If Yes, Name(s)/Title(s): \_\_\_\_\_

Program Director notified: Name: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name of Staff Completing Form: Name: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Staff Signature \_\_\_\_\_

Community Programs Director Signature: \_\_\_\_\_ Date \_\_\_\_\_