

ACCIDENT/INCIDENT REPORT FORM

Paradise Valley Railroad

ACCIDENT ☐

INCIDENT ☐

DATE: _____ TIME OF ACCIDENT/INCIDENT: _____AM/PM

NAME _____ (Name of injured or person initiating incident)

ADDRESS _____ SEX: _____

PHONE: (H) _____ (W) _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

PHONE: (H) _____ (W) _____

Name of Facility: _____

EXACT Location of Accident/Incident: _____

Description of Accident/Incident: _____

Description of Injury: _____

Description of Treatment: _____

Name of Individual Giving Treatment: _____

Position: _____

Explanation of Damage to or Loss of Property: _____

Describe Any Factors Contributing to Accident/Incident: _____

PERSON(S) SUPERVISING ACTIVITY

Name: _____ Contact phone number: _____

Name: _____ Contact phone number: _____

(Not Staff Members)

Name: _____ Contact phone number: _____

Name: _____ Contact phone number: _____

WITNESSES

Resumed Activity: YES: NO:

Police contacted: YES: NO: Case #: _____

Name of Officer Responding: _____

REPORT COMPLETED BY: _____

POSITION: _____

FOLLOW-UP REVIEW BY President/Chief Engineer

Comments: _____

Date: _____ Signature: _____



FOLLOW-UP REVIEW BY Board of Directorsform

Comments: _____

Date: _____ Signature: _____
