

Fairfax County Neighborhood and Community Services
Athletic Services Division
12011 Government Center Parkway, Suite 1050
Fairfax, Virginia 22035-1115
Fax -703-324-5546
athleticservices@fairfaxcounty.gov

ACCIDENT REPORT (This is not a Claim Form)

Location of Accident: _____ Date of Accident: _____

Full name of injured person: _____

Address: _____

Telephone number: _____ Sex: _____ Time of Accident: _____

Accident Reported By _____ To: _____
(Person and/or organization)

Date: _____ Time: _____ Check: In person: _____ By phone _____

Injured person was treated by _____ and/or taken

To: _____ By: _____

(Address of hospital, doctor, home, etc.) (Person and/or organization)
Name of insurance company: _____ Notified: Yes _____ No _____

Policy Number: _____

Describe in detail the extent of the injuries: _____

Explain fully what care was given and what procedure was followed: _____

Describe where and how the accident occurred: _____

Name of person supervising activity: _____ Position: _____

Witness: Name Address Telephone Number

THIS REPORT IS TO BE FILED WITH NEIGHBORHOOD AND COMMUNITY SERVICES IMMEDIATELY ON THE DAY OF THE ACCIDENT. Please mail, email, or fax this form.

Date _____ Signature _____
(NCS Volunteer Facility Director or Staff)