



ACCIDENT/INCIDENT REPORT FORM

Name of Person Submitting Form (or write "Anonymous"): _____

Did this incident directly involve you? YES / NO / OTHER: _____

Date of Incident: ____/____/____ Time of Incident: _____ AM/ PM

Specific Location of Incident: _____

At what C.R.O.W. activity or event did this incident occur? (i.e. – Haunted Maze, Spring Show, etc.)

Please write the names of people involved in the incident: _____

Please write the names of additional witnesses to the incident (optional) : _____

Were there any physical injuries requiring medical attention? YES / NO

If yes, please describe the injuries: _____

Was a C.R.O.W. staff member or volunteer notified that the incident occurred? YES / NO

If yes, who was notified: _____

Please describe the incident in your own words, being as detailed as possible. The more information you can provide, the better. You may continue on the back of this form if needed:

If you would like to receive a copy of this accident / incident report form or would like to be contacted by a C.R.O.W. staff member about this accident / incident, please write your email address/phone below.

Phone: (_____) _____ Email: _____

My signature on the line below signifies that this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

This form was discussed with me. (Please initial): _____ *Parent/Guardian* _____ *CROW Representative*

Date of Discussion: _____