

ACCIDENT INVESTIGATION REPORT FORM
(To be prepared within 48 hours of Incident)

Name of Person Involved in Incident: _____

Date: _____ Place: _____

Details of Incident (Accident or Emergency): _____

Witness Contact Information (Name, Email Address, Phone Number):

1. _____

2. _____

3. _____

Event Leader's Signature: _____ Date: _____

This report should be completed regardless of the severity of the emergency or accident, including something that could have resulted in but did not result in an injury to persons or damage to property

Report information to PSA Headquarters: (855) 772-4636 – Toll Free
8241 So. Walker Avenue, Suite 104
Oklahoma City, OK 73139

11/12/14