

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)