Piedmont College
PO Box 10
Demorest, GA 30535
706/778-3000

ACCIDENT REPORT FORM

INJURED PERSON OR REPRESENTATIVE SHOULD COMPLETE THIS FORM

Name	
Address include City, State, Zip	
Phone	
Accident Location	

Accident Date	
Accident Time	
Sex	☐ M | ☐ F
Age	
Soc. Security #	

Description of Accident: Please describe how the accident happened - be as specific as possible. What was the injured party doing? List any specific acts by individuals or conditions that led to the accident (include any tools, machinery, or instrument/ equipment involved). Give names and contact information for anyone who may know anything about the accident.

More info on back ☐

Nature of Injury			Part of Body Injured		
☐ Abrasion	☐ Cut	☐ Scratch	☐ Abdomen	☐ Face	☐ Leg
☐ Amputation	☐ Dislocation	☐ Shock	☐ Ankle	☐ Finger	☐ Mouth
☐ Asphyxiation	☐ Fracture	☐ Sprain	☐ Back	☐ Foot	☐ Nose
☐ Bite	☐ Laceration	☐ Splinter	☐ Chest	☐ Forearm	☐ Shoulder
☐ Bruise	☐ Poisoning	☐ Strain	☐ Ear	☐ Hand	☐ Teeth
☐ Burn	☐ Puncture		☐ Elbow	☐ Head	☐ Wrist
☐ Concussion	☐ Repetitive Stress Injury		☐ Eye	☐ Knee	
☐ Other			☐ Other		

Were police notified? ☐ Yes ☐ No

Did the injured party receive immediate first aid? ☐ Yes ☐ No

If so, explain: ____________________

Did the injured party seek professional medical care? ☐ Yes ☐ No

If so, what, when, and where?

ıysician Name: ____________________ Phone No. ____________________

Address: ____________________ City, State, Zip ____________________

Print Form

Signed ____________________ Date ____________________

Clear Form