

Appendix B: Accident Report Form

Market Information

Market name and location: _____

Market day and hours: _____

Market manager: _____

Telephone number: (_____) _____ - _____

Fax number: (_____) _____ - _____ Email: _____

Accident Report

Date and time of accident: _____

Description of accident: _____

Nature of any injuries: _____

Bodily injury: _____ Property damage: _____

Medical attention requested? _____ Provided: _____

Facility providing care: _____

Injured Party

Name: _____

Telephone number: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name and telephone number of any witnesses:

Person Completing this Report if Not Market Manager

Name: _____

Telephone number: (_____) _____ - _____

Email: _____