

## 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: \_\_\_\_\_