Accident Report Form

E-Mail Form | Print Form

Complete all questions to the best of your ability while being as detailed as possible. Once complete, submit using the e-mail button above or by printing and faxing to our office at **914-357-8485**

METROPOLITAN RISK
Insurance Brokerage & Risk Management

Metropolitan Risk Advisory
1 Bridge Street, Suite 140
Irvington, NY 10533
Phone: 914-357-8444
Fax: 914-357-8485
claims@metriskadvisory.com

www.metriskadvisoy.com

Today's Date:

Name of Organization:
Telephone:
Address:
City/State/Zip Code:

Date & Time of Accident:

Location:

Don't Forget to include photographs whenever possible!!

Name of Injured Party:
Address:
City/State/Zip Code:

Sex: **Age:**

Injured Party is: ☐ Employee ☐ Tenant ☐ Pedestrian

☐ Other - Specify:

Describe incident as observed by you or witness - *including weather conditions & extenuating circumstances.*

Describe the injury as observed

Was medical attention sought? ☐ Yes ☐ No

If yes, Describe :

Name of Witness(es):
Telephone:
Address:
City/State/Zip Code:

Person Completing Form:
Telephone:
Address:
City/State/Zip Code:

Child's Name:

Date of Birth: ☐ Male ☐ Female

Parents/Guardians Name:

Address:

Date of Injury: Time of Injury ☐ A.M ☐ P.M

Type of injury: (Check all that apply)

☐ Ache	☐ Bruise	☐ Head Injury	☐ Scrape
☐ Bitten by Child	☐ Burn	☐ Itching	☐ Scratch
☐ Bitten by Animal	☐ Choking	☐ Nausea	☐ Splinter
☐ Bleeding	☐ Cut	☐ Nose Bleed	☐ Sprain
☐ Breathing Rapidly	☐ Drowsiness	☐ Poisoning	☐ Sting
☐ Breathing Shallow	☐ Eye Injury	☐ Rash	☐ Swelling
☐ Broken Bone Suspected	☐ Foreign Body in Eye	☐ Redness	

Other: Describe:

Place on body injury occurred: (Check all that apply)

☐ Abdomen	☐ Chest	☐ Foot	☐ Knee	☐ Shoulder
☐ Arm	☐ Chin	☐ Forehead	☐ Leg	☐ Teeth
☐ Ankle	☐ Ear	☐ Groin	☐ Lip	☐ Thigh
☐ Back	☐ Eye	☐ Hand	☐ Mouth	☐ Toe
☐ Buttocks	☐ Elbow	☐ Head	☐ Neck	☐ Tongue
☐ Cheek	☐ Finger	☐ Hip	☐ Nose	☐ Wrist

Place in center injury occurred: (Check all that apply)

☐ Classroom	☐ Bathroom	☐ Kitchen	☐ Hallway	☐ Stairway
☐ Playground	☐ Parking Lot	☐ Sidewalk	☐ Bus/Car	☐ Field Trip

Other: Describe:

Type of surface:

☐ Carpeting	☐ Tile Floor	☐ Wood Floor	☐ Wood Chips	☐ Grass
☐ Sand	☐ Rubber	☐ Cement	☐ Asphalt	

Other: Describe:

Describe what the child was wearing:

Footwear Hair Ribbons

Clothing Jewelry

Type of treatment given: (Check all that apply)

☐ Cleaned with Soap/Water ☐ Antiseptic Applied ☐ Bandage Applied ☐ Ice Applied ☐ Removed Splinter

☐ Rest Provided ☐ Consoled Child Medication Given:

Other: Describe:

Where Treatment was Given (Check all that apply)

☐ At the center ☐ Clinic/Doctor's Office ☐ Emergency Room

Follow up Actions (Check all that apply)

☐ Parent Notified Date: _____ Time: _____

☐ Ambulance Called ☐ Child's Emergency Contact Called ☐ Child Remained at Center ☐ Poison Control Called

☐ Child Returned to Center ☐ Child Picked up by Parent ☐ Child Taken by Center Staff for Emergency Treatment

Name of Emergency Care Facility: _____

Condition of Injury Upon Return to Center: _____

Witnesses

Staff Supervising Child: _____

Staff who Performed First Aid: _____

Person(s) who Witnessed the Accident: _____

Signatures

Staff _____ DATE _____

Parent _____ DATE _____

Staff _____ DATE _____

This claim is not considered reported to the claims staff at Metropolitan Risk Advisory unless we have sent a confirmation e-mail that your claim has been received by our office.

Please e-mail this form to: claims@metriskadvisory.com