



ABATE OF FLORIDA, INC.

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P.O. Box 614
Cantonment, Fl.,32533

INCIDENT/ACCIDENT REPORT

CHAPTER NAME: _____ DATE: _____ TIME: _____

ADDRESS OF
INCIDENT: _____ CITY: _____ ZIP: _____

NO. OF PERSONS INVOLVED: _____ NO. OF VEHICLES INVOLVED: _____

WHERE INCIDENT/ACCIDENT OCCURRED: _____

WHEN AND HOW INCIDENT/ACCIDENT OCCURRED:(USE SEPARATE SHEET IF NECESSARY)

PERSON(S) INVOLVED

NAME: _____
ADDRESS: _____
CITY: _____
STATE/ZIP: _____
PHONE:(____) _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE/ZIP: _____
PHONE:(____) _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE/ZIP: _____
PHONE:(____) _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE/ZIP: _____
PHONE:(____) _____

PARENT'S NAME (IF MINOR): _____

PARENT'S ADDRESS: _____

NO OF SECURITY INVOLVED & NAMES: _____

WITNESSES

NAME: _____
ADDRESS: _____
CITY: _____
STATE/ZIP: _____
PHONE:(____)_____

NAME: _____
ADDRESS: _____
CITY: _____
STATE/ZIP: _____
PHONE:(____)_____

TYPE OF INJURY: (CIRCLE THOSE THAT APPLY)

CUTS/BRUISES
FACE
COLLARBONE
ARMS (LEFT/RIGHT)
HAND (LEFT/RIGHT)
INTERNAL
HIPS (LEFT/RIGHT)
KNEES (LEFT/RIGHT)
ANKLES (LEFT/RIGHT)
BURNS
UNCONSCIOUS AT EVENT

HEAD
NECK
SHOULDER
WRIST (LEFT/RIGHT)
CHEST/RIBS
BACK/SPINE
UPPER LEGS (LEFT/RIGHT)
LOWER LEGS (LEFT/RIGHT)
FEET (LEFT/RIGHT)
MICELLANEOUS/OTHER
FATAL

ACTION TAKEN: _____

FIRST AID AT EVENT: _____

GIVEN BY: _____

AMBULANCE CALLED/REFUSED: _____

SIGNATURE OF INJURED PARTY REFUSING MEDICAL CARE/AMBULANCE TRANSPORTATION: _____

NAME OF COMPANY: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE:(____)_____

PHOTOGRAPHS TAKEN BY: _____
PLEASE SEND WITH THIS REPORT TO THE STATE OFFICE. IF NOT IMMEDIATELY AVAILABLE PLEASE SEND SOON.

SIGNATURE OF PERSON FILLING OUT FORM: _____
PRINTED NAME OF PERSON FILLING OUT FORM: _____
SIGNATURE:CHAPTER SGT @ ARMS: _____
SIGNATURE:CHAPTER PRESIDENT: _____
SIGNATURE CHAPTER VICE PRESIDENT: _____

THE ORIGINAL FORM IS TO BE MAILED TO THE STATE OFFICE. YOU ARE TO CONTACT THE STATE PRESIDENT IMMEDIATELY. IF HE CAN NOT BE REACHED CONTACT THE STATE VICE PRESIDENT.

SIGNATURE STATE SGT @ ARMS: _____
SIGNATURE STATE PRESIDENT: _____
SIGNATURE STATE VICE PRESIDENT: _____