

ATHLETES IN MOTION, INC. / AIMUSA, LLC.  
1-804-372-3331

ACCIDENT REPORT FORM

1. FULL NAME OF PERSON INJURED \_\_\_\_\_ AGE \_\_\_\_\_

2. RESIDENCE ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ACCIDENT:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. P.M.

HOW AND WHERE DID IT HAPPEN?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NATURE OF INJURY: \_\_\_\_\_

TREATMENT RENDERED AT: \_\_\_\_\_

BY WHOM? \_\_\_\_\_

IS FURTHER TREATMENT ANTICIPATED? \_\_\_\_\_ YES NO \_\_\_\_\_

EXPLAIN FULLY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_

3. SIGNATURE OF A.I.M. STAFF MEMBER \_\_\_\_\_

TITLE: \_\_\_\_\_

4. DATE OF REPORT \_\_\_\_\_

5. WITNESS 1. \_\_\_\_\_

6. WITNESS 2. \_\_\_\_\_

7. **TURN IN TO ATHLETES IN MOTION AS SOON AS POSSIBLE.**