

Incident/Accident Report

Williamsburg Players

200 Hubbard Lane, PO Box 91, Williamsburg, VA 23185

Business: 757.229.1679



Date of this report: _____

Person completing
this report: _____

Production, event or activity: _____

Date and time of incident: _____

Name of injured: _____

Injured person

is under 18 (Yes/No): _____

If under 18, name of parent or guardian: _____

(If injured person is under 18, phone/email information below should be for their parent of guardian.)

Phone number and/or email: _____

Description of incident including witness statements (use back of page if more room is needed):

Was first aid administered (Yes/No): _____

If yes, by whom? _____

If yes, describe what first aid action(s) were performed (use back of page if more room is needed):

Were the police, rescue squad, or
paramedics called (Yes/No): _____

Did they respond (Yes/No): _____

List responder(s) [ex. York County FD]: _____

(More information on the back. Please turn over.)

Incident/Accident Report (cont.)

Williamsburg Players

List any additional information you feel is vital for this incident below:

List any additional first aid administered continued from the front page:

Any comments from the injured person if they elect to make a statement (not required):

Please call the secretary of Williamsburg Players at: 757.229.1679

Please place original incident form in the Secretary's Mailbox in the office or
drop it through the mail slot in the office door.

Accident/Incident Forms

In the case of ANYONE being injured at the James-York Playhouse, an Incident Form should be filled out immediately. Secretary must be notified and the ORIGINAL completed Incident Form placed either in the secretary mailbox in the office or in the office door slot. If the injured person (or parent/guardian if under 18) wants a copy of the report, use the copier at the Box Office to make a copy.

The party responsible for completing the form varies depending on the activity during which the injury occurred as noted at the bottom of this page. Whoever is listed as the responsible party is responsible for filling out the form personally. The Secretary should be notified immediately by phone (or text to their personal number, if known). A text is only considered successful if the Secretary responds to the text message. The Secretary will then follow up on the incident report with the injured person(s).

When completing the form, give as much detail as possible on the severity of the injury and note if first aid and/or emergency responder assistance was refused.

Under no circumstance should any representative filling out form admit guilt of any kind on behalf of the Williamsburg Players.

If any sort of head injury has occurred, strongly insist that the person accept either a call to 911 or to see a doctor immediately as symptoms of a head injury can be delayed and very serious. Note on the form if such a recommendation was made and report if the offer was accepted or refused.

RESPONSIBLE PARTIES:

Incident at Rehearsal or Auditions

Director is Responsible

Incident at a Performance involving Crew, Cast, Orchestra, Etc.

Stage Manager is Responsible

Incident at a Performance or Event involving a Patron or Volunteer

Board Member on Duty is Responsible

Incident at Any Other Activities

The Person in Charge of the Activity is Responsible