



## ACCIDENT REPORT FORM

**INJURED PERFORMER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_

WAS INJURED PERFORMER A MINOR? \_\_\_\_\_

UNDER WHAT TYPE OF CONTRACT WAS PERFORMER HIRED (i.e. **STUNT, PRINCIPAL, BACKGROUND**) \_\_\_\_\_  
\_\_\_\_\_

NAME OF PRODUCTION: \_\_\_\_\_

NAME OF PRODUCTION COMPANY: \_\_\_\_\_

NAME AND PHONE NUMBER OF PRODUCTION COMPANY CONTACT FOR ACCIDENTS:  
\_\_\_\_\_

WAS PERFORMER INVOLVED IN STUNT OR ACTION SCENE \_\_\_\_\_

WAS THIS PRODUCTION A FEATURE FILM, EPISODIC TV SHOW OR COMMERCIAL?  
\_\_\_\_\_

DID THE ACCIDENT OCCUR ON LOCATION, AT THE STUDIO, OR SOMEWHERE ELSE?  
\_\_\_\_\_

**BRIEF DESCRIPTION OF ACCIDENT:** (ATTACH ADDITIONAL SHEETS IF NECESSARY)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS PERFORMER TREATED ON SET OR SEEING A PERSONAL PHYSICIAN? \_\_\_\_\_

WAS PERFORMER HOSPITALIZED? \_\_\_\_\_

DID PERFORMER REQUIRE OVERNIGHT STAY AT HOSPITAL? \_\_\_\_\_

WAS ACCIDENT FATAL TO PERFORMER? \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE ATTACH PRODUCTION REPORT FOR THE DAY**

**Mail to SAG Stunt and Safety Department at the address listed below.**

**SCREEN ACTORS GUILD**

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