



CASA of McHenry County Accident Report

Date of Accident: _____ **Time of Accident:** _____ AM PM

Name of Advocate involved in the Accident: _____

Name of CASA Advocate Manager: _____

Location of Accident: _____

Youth(s) Name involved in the Accident: _____

Case Number/Family Name: _____

Name of all Parties/Witnesses Involved in the Event (include names and contact information, if applicable):

Summary of the Accident (include at least the following details: who, what, what was done, who was notified, any relevant factors such as weather conditions, visibility, and road conditions):

Were the Police Contacted?

Yes No Not Necessary Call made by a 3rd Party

Responding Police Department (if applicable): _____

Hospitalization and/or Medical Treatment Information (if applicable):

Name of Hospital: _____

Describe the nature of the injuries and how the injuries were treated:

Court Appointed Special Advocate

Date: _____

Advocate Manager

Date: _____

Program Director

Date: _____

****This Accident Report is to be submitted to the Advocate Manager or Program Director for review.****