



## ACCIDENT REPORT NOTIFICATION & ACCIDENT REPORT FORM

RE: Procedure for Accident Reports

Dear Producer:

Under Section 28A, General Provisions, of the applicable current Codified Basic Agreement and Section 68(g) of the applicable Television Agreement, Producers are required to file an accident report with SAG- AFTRA should any SAG-AFTRA-covered performer be injured in the course of their employment with your company.

Should an accident occur, please send the report in a prompt manner to:  
[accidentreports@sagaftra.org](mailto:accidentreports@sagaftra.org) and cc: [ginger.winkfield@sagaftra.org](mailto:ginger.winkfield@sagaftra.org)

If you have any questions, please contact the Stunts & Safety Department at (323) 549-6855.

Sincerely,

Pat Perez  
National Director  
Stunts & Safety Department  
SAG-AFTRA  
[pat.perez@sagaftra.org](mailto:pat.perez@sagaftra.org)

# ACCIDENT REPORT FORM

**INJURED PERFORMER:**

**NAME:**

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**ADDRESS:**

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**HOME PHONE:**

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**DATE OF ACCIDENT:** \_\_\_\_\_

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

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

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

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

**NAME AND PHONE NUMBER OF PRODUCTION COMPANY CONTACT FOR ACCIDENTS:**

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**WAS PERFORMER INVOLVED IN STUNT OR ACTION SCENE?:** \_\_\_\_\_

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

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

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

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**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** \_\_\_\_\_

**PLEASE ATTACH PRODUCTION REPORT FOR THE DAY**

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