



**SAG-AFTRA**

**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 to my attention at [AccidentReports@sagaftra.org](mailto:AccidentReports@sagaftra.org) in a prompt manner. If you have any questions, please contact the department at (323) 549.6855.

Sincerely,

Cedric L. Jackson  
Director  
Stunts and Safety Department  
SAG-AFTRA  
[cedric.jackson@sagaftra.org](mailto:cedric.jackson@sagaftra.org)

SAMPLE

# 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 A 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** \_\_\_\_\_

**PLEASE ATTACH PRODUCTION REPORT FOR THE DAY**

5757 WILSHIRE BOULEVARD 7<sup>TH</sup> FLOOR \* LOS ANGELES, CA 90036-3600 \* TELEPHONE (323) 549-6855

\* FAX (323) 549-6460