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 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
ACCIDENT REPORT FORM

INJURY 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 7TH FLOOR * LOS ANGELES, CA 90036-3600 * TELEPHONE (323) 549-6855
* FAX (323) 549-6460