

Hospital Record of Good Samaritan

Name, Age, & Sex of Good Samaritan	
Name of Co-Good Samaritan(s) (If any)	1- 2-
Address of Good Samaritan	
Mobile No. of Good Samaritan	
Email Id of Good Samaritan	
Bank Details with IFSC Code	
Road Accident Details	
Location of road accident with jurisdiction of police station Date and Time of accident	
Date & Time of arrival of road accident victim in clinical establishment	
Name (s) of road accident victim/ victims	
MLC No:	
Type of injury (Please tick whichever is applicable)	Serious Injured Minor Injured

Name & Signature of Casualty Medical Officer (CMO)