

# Accident Report for Medical Treatment Request

Date: [Insert Date]

To: [Insert Recipient's Name]

[Insert Recipient's Title]

[Insert Recipient's Organization]

[Insert Recipient's Address]

Dear [Insert Recipient's Name],

I am writing to report an accident that occurred on [Insert Date of Accident] at [Insert Location of Accident]. The accident involved [briefly describe the incident: what happened, who was involved].

As a result of the accident, [Insert Your Name] sustained injuries that require medical attention. The following injuries were observed: [list injuries].

Given the nature of these injuries, I kindly request medical treatment as soon as possible. Please advise on the next steps to ensure proper care is received.

Thank you for your immediate attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]