Accident/Injury Report Form

Name: _____ Sex: ❍ Male ❍ Female

Address: _____

Street City /State /Zip Code

Telephone: _____ E-Mail: _____

Date of This Report: _____ Date of Accident: _____

Time of Accident: _____ a.m. ./ p.m. Place of Accident: _____

NATURE OF INJURY

Abrasion ❍	Fracture ❍	Aspxiation ❍	Laceration ❍	Bite ❍	Poisoning ❍
Bruise ❍	Puncture ❍	Burn ❍	Scalds ❍	Concussion ❍	Scratches ❍
Cut ❍	Shock ❍	Dislocation ❍	Sprain ❍		

Other ❍ (specify) _____

PART OF BODY INJURIED

Abdoman ❍	Ankle (❍ R /❍ L)	Back ❍	Arm (❍ R /❍ L)
Chest ❍	Ear (❍ R / ❍ L)	Face ❍	Elbow (❍ R / ❍ L)
Finger ❍	Eye (❍ R /❍ L)	Head ❍	Foot (❍ R /❍ L)
Mouth ❍	Hand (❍ R /❍ L)	Nose ❍	Knee (❍ R /❍ L)
Scalp ❍	Leg (❍ R / ❍ L)	Tooth ❍	Wrist (❍ R /❍ L)

Other ❍ (specify) _____

How did accident happen? What was the person doing? Where was the person? List any specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved. Additional space available on back.

_____

_____

_____

IMMEDIATE ACTION TAKEN

First Aid Treatment Given: ❍ YES ❍ NO By Name: _____ Phone #: _____

E-mail: _____

First Aid Rendered: _____

Called Caregiver: ❍ YES ❍ NO By Name: _____ Phone #: _____

E-mail: _____

Sent to Hospital? ❍ YES ❍ NO

Transported to health care facility for further examination/treatment ? ❍ YES ❍ NO

❍ Ambulance ❍ Personal Vehicle of _____

1. Witness: _____
   Address: _____
   Phone #: _____
   E-Mail: _____

2. Witness: _____
   Address: _____
   Phone #: _____
   E-Mail: _____

Date: _____ Acknowledgement of Injuried Party: _____

Form Submitted by: _____ Signature & Date: _____

Please attach additional comments / information on back of sheet.

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