

Reported By: \_\_\_\_\_

Title / Role: \_\_\_\_\_

Date of Report: \_\_\_\_\_

## Accident Report Information

Date of Accident: \_\_\_\_\_

Injured Party's Full Name: \_\_\_\_\_

Injured Party's Contact Info: \_\_\_\_\_

What Appears to Be Injured: \_\_\_\_\_

Specific Location of Accident (Where in your facility? If you are a multi-location business, which location did this occur at?): \_\_\_\_\_  
\_\_\_\_\_

What Equipment was being utilized at the time of the Accident: \_\_\_\_\_  
\_\_\_\_\_

## Other Parties Involved

Was anyone else involved in the Accident? If so – list their name, role, and their contact info:

\_\_\_\_\_  
\_\_\_\_\_

Please list a few witnesses to the accident – list their name, role, and their contact info:

\_\_\_\_\_  
\_\_\_\_\_

## Follow-Up

Was there a Police Report Filed? \_\_\_\_\_

Was an Ambulance offered? If yes, was it declined? \_\_\_\_\_

Follow-Up Action Notes: \_\_\_\_\_  
\_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_