

Injury Report

Please print clearly. Complete and turn this form in to your supervisor.

To be completed by employee:

1. GENERAL INFORMATION

Passenger Injury Participant Injury

Name _____ Home Telephone # _____
Home Address _____
Exact Location of Accident _____
Date of Accident _____ Time of Accident _____
Injury Reported to _____ Injury Report Date _____ Injury Report Time _____

2. DESCRIPTION OF INJURY *(Be as specific as possible.)*

Type of accident (fall, etc.) _____
Type of Injury (sprain, etc.) _____
Body part(s) affected _____
Was first aid administered? Yes No
If yes, by whom? _____
Was immediate medical attention needed? Yes No
If yes, who administered the medical attention? _____

3. DESCRIPTION OF INCIDENT

What happened? How did it happen? Was the incident caused by equipment malfunction? Specify what job was being performed. _____

Name(s) of witnesses. (Use comment cards for witness statements) _____

Employee's Signature _____ Date _____

4. *To be completed by supervisor:*

Date video viewed _____
What was the cause of the incident? _____

Contributing factors (physical surroundings, etc.) _____

Did the employee violate safety regulations or instructions? Yes No
If yes, which ones? _____

What actions will be taken to prevent a recurrence? _____

What other concerns do you have about this injury, if any? _____

Supervisor's signature _____ *Date* _____

Bus # _____ *Run name* _____

