



INJURY REPORT FORM

Incident Information

Date: _____ Time: _____ AM/PM

Location: _____

Description of Incident (facts only): _____

Injured Party Information

Name: _____ Contact Number: _____

Nature of Injury: _____

Activity Engaged in at time of Incident: _____

Was immediate first aid rendered: YES ____ NO ____

Ambulance Called? YES ____ NO ____

Time Requested: _____ Time Arrived: _____

Police Called? YES ____ NO ____

Time Requested: _____ Time Arrived: _____

Witnesses

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Would you classify this injury as: ____ Minor ____ Minor requiring attention ____ Major

Corrective/ Recommendations: _____

Additional details: _____

Person completing the report: _____