

CARRUS**Incident / Accident and Injury Reporting Form**

Name: _____

Date Of Birth: _____ M/F

Phone: _____

Date & Time of Incident: _____

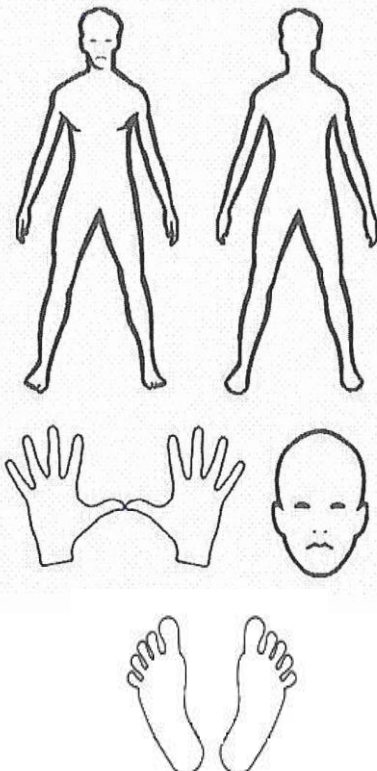
Incident/Accident Details

What Happened:

What do you think caused or contributed to the accident/incident:

Injury DetailsDid an Injury occur: Yes No If yes complete Information below**Body Part:**

Shade the part of the body that is injured

**Injury Type: (Tick)**

- Ache/pain (gradual)
- Ache/pain (sudden)
- Amputation
- Broken Bone
- Bruising incl crushing
- Burns/scalds
- Chemical reaction
- Choking/suffocation
- Concussion/brain injury
- Cut (minor)
- Cut (major)
- Dental injury
- Dermatitis
- Dislocation
- Fatal
- Foreign Body (eye, ear, nose)
- Inhalation disease (asbestos/lead)
- Hearing Loss (noise induced)
- Poisoning
- Strain/Sprain
- Other: _____