CITY OF SANIBEL
800 Dunlop Road
Sanibel, FL 33957
(239) 472-3700

REPORT OF ACCIDENT/INJURY OR INCIDENT

PERSONAL INFORMATION

Name of Person Involved in Accident/Incident/Injury:	☐ Employee ☐ Resident/Visitor	☐ Male ☐ Female
Address:	☐ Personal Injury ☐ Property Damage	☐ Estimated Cost of Property Damage:$
Phone No.:	Date of Accident/Injury: _____	Time of Accident: ☐ am _____ ☐ pm
Accident/Incident/Injury Reported to: ☐ Supervisor/Director ☐ Administrative Services ☐ Other: _____	Reporting Date: _____	Reporting Time:_____

DETAILS OF ACCIDENT/ INCIDENT/INJURY

Nature of Accident/Incident/Injury (what happened?):
_____
_____
_____
_____

Date returned to work (if applicable):

DRUG TEST REQUIRED:
☐ YES ☐ NO

Location of Occurrence: _____

Description of Damages and/or Injuries: (if Vehicle give make, model, year, VIN, license No., etc.)
_____
_____
_____
_____

Approximate Repair Cost: $

If personal injury, describe details of body injury (See Reverse Side):
_____
_____
_____

Professional Medical attention required? ☐ Yes ☐ No NOTE: If yes, attach Doctor's statement if available
Attending Physician: _____ _____
Name Address Phone
Hospital Treatment Received? ☐ Yes ☐ No If yes, name: _____

Supervisor's comments:
_____
_____
_____

Corrective Action Taken (what was done to correct unsafe condition):
_____
_____
_____

Recommendations for Future Corrective Action:
_____
_____
_____

Employee Signature: _____Date: _____	Supervisor's Signature: _____Date _____

NOTE: Use the back of this form for additional comments, etc. and attach photos (if available) to original report.

Type of Event:

- ☐ Lifting-what? _____
- ☐ Fall-how? _____
- ☐ Theft/Loss-what? _____
- ☐ Contact with tools/equipment-what? _____
- ☐ Other_____

Nature of Injury:

☐ Laceration/Cut	☐ Infection
☐ Contusion/Abrasion	☐ Sprain/Strain/Pulled Muscle
☐ Bruise	☐ Allergic Reaction/Rash
☐ Fracture/Dislocation	☐ Other _____
☐ Burn/Scald	☐ No apparent Injury

Check Body Part Affected

☐ Back	☐ Knee - R / L	☐ Side - R / L	☐ Upper Arm- R / L	☐ Hand - R / L
☐ Hip	☐ Lower Leg - R / L	☐ Abdomen	☐ Elbow - R / L	☐ Finger - R/L _____
☐ Buttocks	☐ Foot - R / L	☐ Chest	☐ Forearm- R / L	☐ Head - what part ___
☐ Upper leg - R / L	☐ Neck	☐ Shoulder - R / L	☐ Wrist - R / L	

Hours lost due to injury: _____

☐ **Police Report Attached** **Police Citations Issued:** _____

Other Person(s) Involved: (Name, Address, Phone, Ins. Co., Etc.)

Completed By:

Please print: _____

Signature: _____**Date:** _____

Reviewed By:

Administrative Services: _____

To Safety Committee on (DATE)_____

Safety Committee Action:

Signature Safety Committee Chairman: _____ **Date:** _____