

# Supervisor's Report Of Industrial Injury

## SECTION 1

(Complete in full)

Municipality Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

### Incident Information:

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last name: \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

### Body part injured:

(Left index finger, right ankle, etc.)

\_\_\_\_\_

### Nature of injury:

(Scratch, cut, bruise etc.)

\_\_\_\_\_

### Medical treatment?

Yes

No

Name of  
Doctor/Hospital/Urgent  
Care:

\_\_\_\_\_

### Work Status?

Off-work:

Light duty?

Resume regular duty?

Where did accident  
happen?

\_\_\_\_\_

How did accident  
happen?

\_\_\_\_\_

If the accident was  
caused by a non-town  
person or defective  
equipment, list here:

\_\_\_\_\_

Name(s) of witnesses:

\_\_\_\_\_

What have you/will you  
do to prevent  
reoccurrence?

\_\_\_\_\_

Supervisor's name:

\_\_\_\_\_

Supervisor's phone #

\_\_\_\_\_

Date reported to Supervisor: \_\_\_\_\_