



Non-Employee Bodily Injury Report

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|---|---|----------------------------|
| 1. Claimant's Name | 2. Mailing Address | 3. Phone Number |
| 4. Incident Location | 5. Time AM <input type="checkbox"/> PM <input type="checkbox"/> | 6. Date (Month, Day, Year) |
| 7. Injury Sustained | 8. Type of Medical Treatment Offered or Provided | |
| 9. Environmental Conditions (weather, visibility, etc.) | 10. Was any of the Claimant's personal property damaged during this incident? If so, describe the damage. | |
| 11. Describe what happened. Identify all of the equipment, property, and/or other materials involved. How did this incident occur? Why? | | |
| 12. Identify all of the Eyewitnesses (if any). Include their names, mailing addresses, and phone numbers (if available). | | |
| 13. How, when, and to whom was this incident reported? | | |
| 14. Investigating Supervisor Printed Name: _____ Signature: _____ Date: _____ | 15. Department Manager or Director Printed Name: _____ Signature: _____ Date: _____ | |

Send original form to Risk Management – Keep a copy. (Form Revised – May 16, 2018)