**ACCIDENT REPORT**

**Details of the injured person:**

|  |  |
| --- | --- |
| **Name:** | {{Item.Name}} {{Item.LAST NAME}} |
| **Phone Number:** | +{{Item.PHONE NUMBER}} |
| **Department:** | {{Item.DEPARTMENT}} |
| **Name of the Supervisor:** | {{Item.NAME OF THE SUPERVISOR}} |

**Details of the accident:**

|  |  |
| --- | --- |
| **Accident Date:** | {{Item.INCIDENT DATE}} |
| **Time:** | {{Item.INCIDENT TIME}} |
| **Location:** | {{Item.INCIDENT LOCATION}} |
| **Specific Location:** | {{Item.SPECIFIC LOCATION}} |

|  |  |
| --- | --- |
| **Police/Emergency notified:** | {{Item.POLICE/EMERGENCY NOTIFIED}} |
| **Other Persons:** | {{Item.OTHER PARTICIPANTS PERSONS}} |
| **Witnesses:** | {{Item.WITNESSES}} |

|  |  |
| --- | --- |
| **Details:** | {{Item.INCIDENT DETAILS}} |
| **Accident Result:** | {{Item.ACCIDENT RESULT}} |
|  | {{Item.Please tell us which side}}  {{Item.Please tell us which one}}  {{Item.Please tell us what injuries you have}} |
|  |  |
| **Causes:** | {{Item.INCIDENT CAUSES}} |
|  |  |
| **Recommendations:** | {{Item.FOLLOW UP RECOMMENDATIONS}} |
|  |  |
| **Additional Notes:** | {{Item.ADDITIONAL NOTES}} |

|  |  |
| --- | --- |
| **Files:** | {{Image(100;100):Item.FILES}} |
|  |  |
| **Signature:** | {{Image(100;0):Item.Signature}} |
| **Date:** | {{Today}} |