

**SUPERVISOR'S ACCIDENT REPORT**

**VILLAGE OF RYE BROOK**

**Employee/Injured Individual Statement**

<b>PERSONAL INFORMATION</b>						
Injured Individual's Name				Social Security Number		
Address			City	State	Zip	
Telephone	Home	Work	Dept.Loc	Code		
Date of Birth	Age	Sex	Male Female	Job Title	Date of Hire	
Days worked per week						
(circle all that apply) Mon Tue Wed Thur Fri Sat Sun Avg. hours worked per week						
<b>INCIDENT REPORT INFORMATION</b>						
Date of Injury	Time of Injury	AM	Exact Location of Incident	Date Supervisor Notified		
PM						
Type of Accident (Circle One)						
			<b>INJURY</b>	<b>PROPERTY DAMAGE</b>		
1	Fall from elevation	6	Cumulative trauma disorder	1	Fire or explosion	
2	Fall same level	7	Electrical contact	2	Collapse	
3	Struck by	8	Fumes dust, gas, caustics, etc.	3	Rupture or bursting	
4	Caught In, under or between	9	Motor Vehicles	4	Collision or overturn	
5	Overextension	10	Other (describe below)	5	Other (describe below)	
Push/Pull		Lift/Lower	Carry/hold			
Other						
<b>NATURE OF INJURY</b> (Indicate body part affected and the resulting Injury)						
<b>DESCRIPTION OF ACCIDENT</b> (Detail what individual was doing)						
<b>MEDICAL CARE PROVIDED</b>						
On-site	___ Yes ___ No	Off-Site (Provided name and phone number of Hospital, Doctor, Clinic etc.)				
Specify care	When					
Has employee Missed days from work?	___ Yes ___ No	If yes, when _____				
Returned to duty	___ Yes ___ No	If yes, give date _____				
Unable to return to work	___ Yes	Probable Time Lost _____				
Has employee returned to work?	___ Yes ___ No	If yes, when _____				
<b>CAUSE OF ACCIDENT</b>						
<b>ACCIDENT PREVENTION</b>						
What action should be taken, and by whom to prevent recurrence of this type of accident in the future?						
Individual Signature				Date		
Supervision's Signature				Date		