Village of Royal Palm Beach, Florida (NON-EMPLOYEE)
Accident / Incident Investigation Report

NAME of Injured Person: _____ **Dept/Division** : _____ **Date** : _____

PERSONAL INFORMATION					
HOME ADDRESS		**CITY**	**STATE**	**ZIP**	**Home Telephone #**
SOCIAL SECURITY NUMBER	**Alternate Phone #**	**Date of Birth**	**INJURY**		**(OVER 18 YEARS OF AGE)**
			☐ YES ☐ NO		☐ ADULT ☐ MINOR
EMERGENCY CONTACT NAME	**EMERGENCY CONTACT HOME & CELL PHONE #**		**WAS CONTACT PERSON CALLED? WHAT TIME?**		
			☐ YES ☐ NO		a.m. p.m.
WHAT WAS CONTACT PERSON'S RESPONSE?					

ACCIDENT DESCRIPTION		
INJURED PERSON'S DESCRIPTION OF ACCIDENT (INCLUDE CAUSE OF INJURY)		
DESCRIPTION OF INJURY / PROPERTY / DAMAGE THAT OCCURRED		**PART OF BODY AFFECTED (be specific)**
ADDRESS/LOCATION OF ACCIDENT/INCIDENT	**DATE ACCIDENT / INCIDENT**	**TIME ACCIDENT / INCIDENT**
WHO WAS THE ACCIDENT/INCIDENT REPORTED TO?	**WHEN WAS THE ACCIDENT/INCIDENT FIRST REPORTED?**	

MEDICAL INFORMATION					
DID THE INJURY REQUIRE MEDICAL TREATMENT?			**WAS FIRST AID GIVEN?**		**WHO GAVE THE FIRST AID?**
☐ YES	☐ NO		☐ YES	☐ NO	
WAS 911 CALLED?		**WAS MEDICAL TREATMENT DECLINED?**		**WHAT SPECIFIC FIRST AID TREATMENT WAS GIVEN?**	
☐ YES	☐ NO	☐ YES	☐ NO		
WHAT FACILITY DID THE INDIVIDUAL GO TO FOR TREATMENT?			**DID A VILLAGE EMPLOYEE ACCOMPANY PERSON TO FACILITY?**		
			☐ YES	☐ NO	NAME:

UNSAFE
UNSAFE CONDITION OR UNSAFE ACT (DESCRIBE IN FULL DETAIL)
EMPLOYEE/SUPERVISOR: WHAT COULD HAVE PREVENTED THE INCIDENT?

FOLLOW UP: WHAT WILL BE CHANGED OR WHAT HAS BEEN DONE TO PREVENT A SIMILAR ACCIDENT?

WITNESS (must attach statement)- (if no witnesses, enter "NONE")	WITNESS (must attach statement)

APPROVAL / SIGNATURES:

APPROVED: ☐ (Supervisor agrees with description of accident/incident) DENIED: ☐ (Supervisor disagrees with description of accident/incident)

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree. I have reviewed, understand and acknowledge the above statement.

INJURED PERSON SIGNATURE: _____ DATE:
(Guardian is Injured is a minor)
PRINT NAME SIGNATURE

SIGNATURE OF VILLAGE EE: _____ DATE:
(person who is filling out report)
PRINT NAME SIGNATURE

DEPT DIRECTOR'S SIGNATURE: _____ DATE:
PRINT NAME SIGNATURE

Revised: 4/18/2019 9:23 AM