



BODILY INJURY REPORT FORM for VISITORS/GENERAL PUBLIC

**REPORT ALL ACCIDENTS
BY PHONE OR FAX
WITHIN 24 HOURS TO:**
DURING WORK HOURS: 410-887-4133
FAX: 410-887-8247
AFTER WORK HOURS: 410-887-4163

THIS FORM MUST BE COMPLETED BY BUILDING ADMINISTRATOR OR DESIGNEE

Date of accident:	Time of accident:	School/Facility/Site:
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Location at site where injury occurred:		
Name of reporting person:	Phone:	Alternate phone:
Involvement by other outside agencies:		
<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> None <input type="checkbox"/> Other, describe:		Was an ambulance called? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of outside agency contacts (if applicable):		

Name of person(s) injured (if more than one person injured, use attached sheet to obtain information):		
	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	Phone:	Alternate phone:
If the injured person is a minor, indicate parent/guardian name:		

Reason for injured being present at site:
Nature and extent of injuries:

Statement from injured:

Action taken:
Name and address of physician or hospital involved:

Description of accident (Provide a detailed account of the accident):

Witness #1 name:	Witness #2 name:
Witness #1 address:	Witness #2 address:
Witness #1 phone:	Witness #2 phone:
Witness #1 relationship to injured:	Witness #2 relationship to injured:

Reporting person's signature _____ Name printed _____ Date submit _____

Return or fax this form to:
RISK MANAGER
Office of Risk Management and Employee Benefits
 Timonium Office
 Fax: 410-887-8247
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