

**CARRUS****Accident & Injury Reporting Form**

Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ M/F

Phone: \_\_\_\_\_

Date &amp; Time of Incident: \_\_\_\_\_

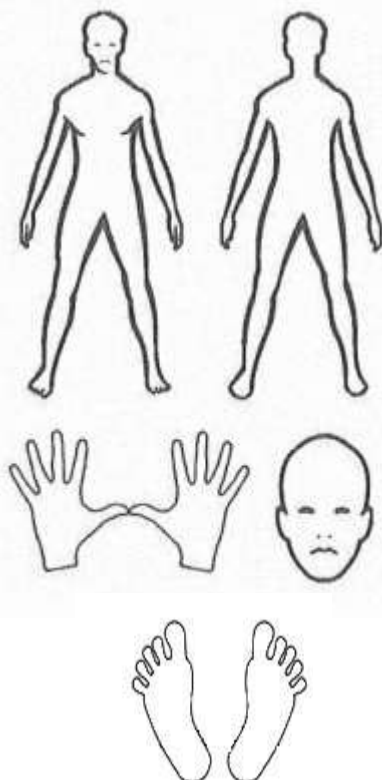
**Incident/Accident Details**

What Happened:

What do you think caused or contributed to the accident/incident:

**Injury Details**Did an Injury occur: Yes  No  If yes complete Information below**Body Part:**

Shade the part of the body that is injured

**Injury Type: (Tick)**

- Ache/pain (gradual)
- Ache/pain (sudden)
- Amputation
- Broken Bone
- Bruising incl crushing
- Burns/scalds
- Chemical reaction
- Choking/suffocation
- Concussion/brain injury
- Cut (minor)
- Cut (major)
- Dental injury
- Dermatitis
- Dislocation
- Fatal
- Foreign Body (eye, ear, nose)
- Inhalation disease (asbestos/lead)
- Hearing Loss (noise induced)
- Poisoning
- Strain/Sprain
- Other: \_\_\_\_\_