APPENDIX E

(Insert City Name)

Supervisor/Employee Incident Investigation Form
General Liability (GL) Injury Claim

Supervisor to Complete

Date of Injury: _____ **Time of Injury:** _____ **A.M. / P. M.**

Address / Location of Injury / Incident:
_____

Name of Individual Involved in Injury/Incident (Non-Employee):
_____

Age (if Minor): _____ **Parent/Guardian Name:**
_____

Address:
_____

Home Phone #: _____ **Work Phone #:**
_____

Exact Location of Injury/Incident:
_____

Location of nearest City Employee at the time of injury:
_____

Location of nearest City Supervisor at the time of injury:
_____

List Names of Witnesses w/ phone #'s (Employees or Citizens):
_____

_____

Give an account of the Injury/Incident:
_____

_____

_____

Describe Injury Type (strain, fracture, bruise, etc.): _____ **Body Part Affected:**
_____

Disposition	**Yes**	**No**
First Aid Administered	_____	_____
Emergency Assistance Called (911)	_____	_____
Claimant Sent to Hospital	_____	_____
Claimant will see Personal Doctor	_____	_____

Explain first-aid treatment provided. If situation did not warrant treatment, write, "None Required"

_____

_____

How long did claimant stay at City facility following injury?
_____

APPENDIX E

Was an Employee Injured as a result of the Incident? Yes / No.
If Yes, Complete the Employee/Supervisor's Injury/Incident Investigation Form

_____ _____ _____

Supervisor's Name (Print) **Supervisor's Signature** **Date**

General Liability (GL) Injury

Statement of Person Involved (Non-City Employee):

Please provide a written statement of your account of the incident, including the following: (1) How the incident occurred? (2) Where it occurred? (3) What you were doing at the time of the incident? (4) List any machine, equipment, or condition involved with incident.

(1) How did incident occur? _____

_____

_____

_____

(2) Where did it occur? _____

_____

_____

(3) What were you doing at the time of the incident? _____

_____

(4) List any machine, equipment, or condition involved with incident. _____

_____

_____ _____ _____

Citizen's Name (Print) **Citizen's Signature** **Date**
(Parent's Name if injured child is a minor) **(Parent's Signature if injured child is a minor)**

_____

FOLLOW-UP CONTACT

Date of Contact: _____ **Contact Made By (City Employee):** _____

Disposition of Person Involved: _____

APPENDIX E

Medical Expenses Incurred: Yes / No (circle)

(Form to be Returned to the Legal Department within 48-hours of Incident)