

ACCIDENT/INJURY REPORT FORM
CITY OF WATERLOO, IOWA

This report form is to be completed by a supervisory employee for each accident and/or injury which results in either a work comp claim by an employee or a liability claim by a member of the public. This report is in addition to the first report of injury for a work-related injury.

1. Reporting department: Leisure Services
2. Date of report: _____
3. Work related injury: Yes No
4. Liability accident/injury involving member of public: Yes No
5. Names of injured/involved parties: _____

6. Ages of injured/involved parties: _____
7. Address of injured/involved parties: _____

8. Phone numbers of injured/involved parties: _____

9. Extent and type of injury: _____

10. Medical treatment of injury: _____

11. Geographical location of accident/injury: _____

12. Date and time of accident/injury: _____
13. How did accident/injury occur? _____

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14. Do parties involved have insurance? Name and address of company.

15. If motor vehicle accident -

Investigated by Waterloo Police Department?

Yes No

Ticket issued?

Yes No

Witness to accident/injury (Name, address & phone number):

16. Supervisors assessment of unsafe acts or mechanical condition which contributed to the accident/injury:

17. Recommendations for corrective action related to accident/injury:

Signature of reporting authority: _____

For Office Purposes Only

Date reported to insurance company: _____

Results: _____

