



**INTERNAL ACCIDENT/INCIDENT NOTIFICATION TO SUPERVISOR**

The following details are being provided to make you aware of an accident/incident that occurred while I was on duty.

**PLEASE PRINT CLEARLY OR TYPE**

Employee Name: \_\_\_\_\_ Cell: \_\_\_\_\_

GEPD Position: \_\_\_\_\_ Program: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Approx. Time: \_\_\_\_\_ Facility: \_\_\_\_\_

Specific location: \_\_\_\_\_

About the person, in what capacity were they at the GEPD? *Please check one box below.*

Participant     Patron     Volunteer     Contracted Worker

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Full Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What happened? How was the person injured? Be specific, stick to the facts, don't guess or assume.

\_\_\_\_\_  
\_\_\_\_\_

Describe the injury (affected body part and type of injury; cut, bruise, strain, break, fainted, etc.)

\_\_\_\_\_

Was First Aid given?  Yes  No If yes, what? \_\_\_\_\_

Was EMS called to treat?  Yes  No  Offered but Refused  Opted to go to own provider

Were Police called?  Yes  No If yes, who came: \_\_\_\_\_

Any witness? If yes, don't ask for a report, simply obtain contact information and record any statements made.

Witness Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Statement: \_\_\_\_\_

\_\_\_\_\_