Magdala Foundation
Accident Report

Injured Person's Name_____
Birthdate _____ Age _____ Gender ☐Male ☐Female
Injured Person's Address _____
_____
Injured Person's Phone Number _____

Injured Person is:
☐An Employee
☐A Client
☐Other _____ (specify)
_____

1. If Employee box above was checked, state the time the employee began work on the date of the accident. _____ ☐a.m. ☐p.m.
2. Date of the accident: _____ Time of the accident: _____ ☐a.m. ☐p.m.
3. Did accident occur on Magdala Foundation's property? ☐Yes ☐No
4. Location of the accident: Address: _____ (Street, City, State, Zipcode)
5. Did injury result in death? ☐Yes ☐No
6. How did the accident occur? (Describe in detail)

7. What was the person doing when injured? (Be specific)

8. Describe injury in detail and include the part(s) of the body affected:

9. Was there any dismemberment, disfiguration, or permanent disability? ☐Yes ☐No
   If yes, state nature.

10. Name object or substance which directly injured person: _____
11. Name any witnesses: _____

Attending Physician	Hospital
Name:_____	Name:_____
Address: _____	Address: _____
_____	_____

Report Completed By: _____ Title: _____
Date of Report: _____

(Use Additional Pages if Necessary)

Revised 03/12/2018