



**BODY INJURY
REPORT FORM**
For
**VISITORS/GENERAL
PUBLIC**

**REPORT ALL ACCIDENTS VIA FAX WITHIN
24 HOURS TO THE OFFICE OF RISK
MANAGEMENT.**

CONFIDENTIAL FAX LINE: 410-337-0160

QUESTIONS: 443-809-4133

THIS FORM MUST BE COMPLETED BY BUILDING ADMINISTRATOR OR DESIGNEE

Date of Accident: _____ Time of Accident: _____ School/Facility/Site: _____
 _____ AM _____ PM

Location at site where injury occurred: _____

Name of reporting person: _____ Phone: _____ Alternate phone: _____

Involvement by other outside agencies:
 ___ Police ___ Fire ___ None ___ Other, describe: _____ Was an ambulance called: ___ Yes ___ No

Name of outside agency contacts (if applicable) _____

Name of person(s) injured (if more than one person injured, use attached sheet to obtain information): _____
 _____ DOB: _____ Male ___ Female ___

Address _____ Phone _____

If the injured person is a minor, indicate parent/guardian name: _____

Reason for injured being present at site: _____

Nature and extent of injuries: _____

Statement from Injured: _____
