

IMMEDIATE REPORT OF
ACCIDENT

SOHO USE ONLY

Date Recd': _____

Time Recd': _____

TO: _____ FROM: _____ DATE: _____
(COE Office)

1. Name of Person Reporting: _____ Phone No.: _____
(Print)

2. Location of Accident: _____

3. Date and Time of Accident: _____

If this accident is being reported late, (24 hrs) Why? _____

4. Name of Injured (if any): _____

5. Nature of Injury: _____

6. Occupation (Injured Person): _____

7. Age (Injured Person): _____

8. Estimated Lost Time (Days): _____

Was, return to light duty emphasized to the doctor? _____

9. Estimated Property Damage: _____

10. Contractor: _____ 10. Contract No.: _____

11. Board of Investigation Required: YES _____ 1. Fatal
NO _____ 2. Three or more admitted to a hospital?
3. Property damage of \$200,000 or more?

If yes, was immediate phone notifications to the Commander, Directorate and safety made? _____

12. Description of Accident: (continue on back if needed) Provide a narrative (Where, What, Why, How it Happened) so the Commander can get a understanding of the situation.

Who Investigated This Accident (Name): _____

Signature of Person Making Report: _____ Print Name: _____

Title of Person Making Report: _____ Phone No. to Reach: _____

Location of Person Making Report: _____