Securis Insurance Pool, Inc.

Incident Report Form

Complete for minor incidents and submit to supervisor within 24 hours from notice of accident. Incident reports are retained by the fire district office and are not reported to Securis as notice of claim. Report claims directly to Securis 888.601.0144. Fatalities must be reported immediately.

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EMPLOYEE INFO Name:			SS#:		Date of Birth:	
Home Address:		City:	State:	Zip:	Home Phone:	
District:						
			· b This.		Call Dhanes	
Department:			Job Title:		Cell Phone:	
Sex: Male Female		SingleMarried	ာ ∐Divorced ု		Dependents:	· _ - _
Date of Hire:	Reg. Shift: From_	☐ AM ☐ PM To		Pre-employm	ent Physical Complete	ed : 🔲 Yes 🔲 No
		onal Intermittent		10		
Employment	art rinic	onar Lintermitter	1 1VIOITETIO	10	CI Wage. 7	
Data of Initia	hii	Time of Fu	т. Г		Fatalitus DVEC	
ACCIDENT INFO Date of Injur	ry/Iliness:	Time of Eve	ent: L	AM L Pivi	Fatality: YES	
Location Description (i.e. parking lo	ot):	Date Su	ipervisor Notifiea:		On Site: Yes	
Accident Address (if not on premise	es):		City:		State: Zip:	·
Employee Description of Accident	·· ——					
Linkie, 20 2 222. j	·•					
						_
Last Day of Work after Injury:	Date o	of Return to Work:	Sti	ill Off: Yes	No Validity doub	ted: Yes No
	Name	of Clinic/ER/Hospital:			Phone:	
				rea daing just hofe		
Object or substance that harmed	empioyee (i.e. stu	dent, nammer, etc).	What was employ	ee doing Just beit	ore incident (be specia	ic):
- 						
ACCIDENT TYPE		PART OF	BODY Left	t 🗌 Right	☐ Both ☐ Other	
	Ol					Charles
	Chemical Exposure	_]Ear	∐Groin	Shoulder
	Repetitive Motion	☐ An	kle ∟]Eye	☐Hand	□Toe
	Needle Stick	☐ Arı		Face	Head	Wrist
	Vehicle Accident	ПВа	_	Finger	∏Knee	Other:
				_ ~		
	Assault	☐ Ch	est _	Foot	Leg	
Foreign body	Other				 -	<u></u> -
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Name.		Address:			Priorie	
Witness Name:					Witness Phone:	
Witness Name:						
Witness Name: Witness Statement, if any:						
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Signature: _

Date: _