

BCPO ACCIDENT REPORT

DATE: _____

- 1. MAKE VICTIM COMFORTABLE
- 2. GET MONITORS ASST. (FRIEND, WITNESS, ETC.)
- 3. CALL SECURITY 596-0697
- 4. CALL 911 IF INJURY IS SUSPECTED----- YES OR NO?
- 5. CHECK FOR WITNESSES
- 6. TAKE PICTURES (ENOUGH TO EXPLAIN THE INCIDENT)

NAME OF INJURED: _____

STREET ADDRESS: _____

City, State, Zip Code: _____

PHONE NUMBER: _____

Parents, if victim is a minor: _____

Date of Incident: _____ **Time of Incident:** _____ **a.m. or p.m.**

Location of Incident:

Details Involved in Incident: _____

Action Taken:

Witness Name(s): _____ **Phone #:** _____

Witness Name(s): _____ **Phone #:** _____

Paramedic Name(s): _____ **Unit:** _____

Waived Medial treatment or Transportation to Hospital: _____
(Injured Signature)

REMINDER: ATTACH PICTURES EMPLOYEE SIGNATURE: _____

Submit all documentation as soon as possible to the Main BCPO Office