

**Cary Institute of Ecosystem Studies
Report Form for Accidents on Cary Property**

**PLEASE RETURN TO CARY INSTITUTE COMPTROLLER
WITHIN 24 HOURS OF THE ACCIDENT**

Today's Date: _____

This form is to be completed for accidents occurring on property of Cary Institute.

Please provide information regarding the person(s) involved in accident:

Full Name: _____

Home Address: _____

Home Phone Number: _____ Age: _____

Please provide information regarding the accident:

1) Date of accident: _____ Time of accident: _____

Location of accident: _____

2) Description of accident:

3) Description of injury and/or property damage as a result of accident (if any):

{Please be as detailed as possible indicating parts of body affected – e.g. bruised right knee }

3a) Was First Aid or Medical Care Provided? (*Circle one*) Yes or No

If yes, when:

Name, Address & Phone # of Dr. and/or Hospital:

3b) Type of Treatment Provided by Dr. /Hospital:

4) Date I first informed Cary management of accident/injury: _____

5) To whom did you report the injury: _____

5a) How was it reported, i.e., phone call, e-mail, etc.

5) Basic Cause(s) of accident: {Please specify if you were aware of any unsafe act(s) and/or conditions}

6) Were there any witnesses to the accident? If so, please provide their name and phone #:
