

CITY OF RACINE EMPLOYEE'S FIRST REPORT OF INCIDENT

Employee Name (First, Middle, Last)					Sex M F	Employee Home Telephone No.	
Employee Home Street Address				City	State	Zip Code	Occupation
Birth Date			Date of Hire		County and State where accident or exposure occurred		
Injury Date Mo/Day/Yr	Time of Injury	Last Day Worked	Date Employer Notified Mo/Day/Yr	Shift Working at time of incident (i.e., 7:00 – 4:00)		Did you leave work? Yes No Estimated Date of Return:	
Location where injury occurred-be as specific as possible							
Were you or do you anticipate being treated by a medical professional for this injury or illness? ☐ Yes ☐ No Name and address of medical professional and/or Hospital: Were you hospitalized for this injury or illness? ☐ Yes ☐ No							
Area Injured							
1 ☐ Head 2 ☐ Eye ☐ L ☐ R 3 ☐ Back 4 ☐ Shoulder ☐ L ☐ R 5 ☐ Arm 6 ☐ Elbow 7 ☐ Wrist 8 ☐ Hand		9 ☐ Finger: Specify: 10 ☐ Chest 11 ☐ Abdomen 12 ☐ Pelvis 13 ☐ Hip 14 ☐ Leg ☐ L ☐ R		15 ☐ Knee ☐ L ☐ R 16 ☐ Ankle ☐ L ☐ R 17 ☐ Foot ☐ L ☐ R 18 ☐ Toe: Specify: 19 ☐ Other:			
Type of Injury							
1 ☐ Abrasion 2 ☐ Amputation 3 ☐ Bite 4 ☐ Bruise 5 ☐ Burn 6 ☐ Concussion		7 ☐ Cut/Laceration 8 ☐ Foreign Body 9 ☐ Fracture 10 ☐ Hearing Impaired 11 ☐ Infection 12 ☐ Pain		13 ☐ Puncture 14 ☐ Rash/Dermatitis 15 ☐ Respiratory 16 ☐ Strain/Sprain 17 ☐ Exposure 18 ☐ Other:			
Injury Description: Describe your activities when injury or illness occurred and what tools, machinery, objects, chemicals, etc. were involved. (Use additional page if necessary)							
What happened to cause this injury or illness? (Describe how the injury occurred. Use additional page if necessary)							
Describe your injury or illness. (State the part of body affected and how it was affected. Use additional page if necessary)							
Additional Page(s) attached. ☐							
Witness (es)-Names of all employees and non-employees who witnessed your injury or illness. (Use additional page if necessary)							
Employee Signature:						Date signed:	
Supervisor Signature:						Date signed:	
Report Submitted By:			Work Phone		Position:		Date Submitted:

Fax This Form to Human Resources at 262-636-9585