

COLUMBUS COUNTY
INJURY REPORT FOR NON-EMPLOYEE

NAME OF INJURED PERSON: _____

DATE OF BIRTH: _____ HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

DATE AND TIME OF INJURY: _____ SOCIAL SECURITY #: _____

OCCUPATION: _____ MARITAL STATUS: _____

How did accident Occur ? _____

NATURE AND EXTENT OF INJURY: _____

Did injured person go to Hospital/Doctor: Yes No Date of Report: _____

Where did injured person receive medical attention ? _____

Witness: _____ Telephone: _____

(If more than one witness, use back of sheet)

Prepared by Title

PLEASE COMPLETE ALL AREAS OF FORM