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	9☐ Finger: Specify:	15☐ Knee ☐L ☐ R
2☐ Eye ☐L ☐ R		16☐ Ankle ☐L ☐ R
3☐ Back	10☐ Chest	17☐ Foot ☐L ☐ R
4☐ Shoulder ☐ L ☐ R	11☐ Abdomen	18☐ Toe: Specify:
5☐ Arm	12☐ Pelvis	
6☐ Elbow	13☐ Hip	
7☐ Wrist	14☐ Leg ☐L ☐ R	19☐ Other:
8☐ Hand		

Type of Injury

1☐ Abrasion	7☐ Cut/Laceration	13☐ Puncture
2☐ Amputation	8☐ Foreign Body	14☐ Rash/Dermatitis
3☐ Bite	9☐ Fracture	15☐ Respiratory
4☐ Bruise	10☐ Hearing Impaired	16☐ Strain/Sprain
5☐ Burn	11☐ Infection	17☐ Exposure
6☐ Concussion	12☐ Pain	
		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

EMAIL