



PROBATIONER'S ACCIDENT REPORT FORM

This form is to be completed by the probationer at the time of the injury.

PLEASE PRINT:

Accident Date: _____ Agency Name: _____

Name: _____

Date of injury: _____ Time of injury: _____

Describe how the injury occurred: _____

Describe what job duty you were performing at the time of your injury: _____

Describe what part of your body was injured and how: _____

Do you wish to seek medical attention at this time? Yes No If yes, where will you be going? _____

Are you covered under any health insurance: Yes No If yes, what policy? _____

What additional information would you like to share regarding this injury? _____

Signature: _____

Date: _____