

## Production Accident/Injury Report

**Note:** Use separate forms for each person injured or property item damaged.

Production Title: \_\_\_\_\_  
Exec. Producer: \_\_\_\_\_  
Producer: \_\_\_\_\_  
Director: \_\_\_\_\_  
1st AD: \_\_\_\_\_

Date of Accident: \_\_\_\_\_  
Injured Party Name: \_\_\_\_\_  
Injured Party Position: \_\_\_\_\_  
Damaged Property: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Cell: \_\_\_\_\_

Witnesses: _____	Address: _____	Phone: _____
_____	_____	_____
_____	_____	_____

Description of how the accident/injury occurred. Please be specific:

Medical services provided:

**Signed:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SAFETY MANAGER USE ONLY

F-P DATE:  
OUTCOME: