

**- SAMPLE -**

**FARM ACCIDENT/INCIDENT REPORT FORM**

**{Farm Name}**

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Weather conditions: \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Description of injury: \_\_\_\_\_

\_\_\_\_\_

Details of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were there any witnesses? Yes \_\_\_ No \_\_\_

Name of witness(es): \_\_\_\_\_

Address of witness: \_\_\_\_\_

Phone number: \_\_\_\_\_

Was a witness statement obtained? Yes \_\_\_ No \_\_\_

Was first aid administered at the farm? Yes \_\_\_ No \_\_\_

If yes, describe actions taken: \_\_\_\_\_

Did injury require EMS/hospital visit? Yes \_\_\_ No \_\_\_

Name of hospital: \_\_\_\_\_

Hospital phone number: \_\_\_\_\_

Employee investigating scene: \_\_\_\_\_

Any corrective measures taken? \_\_\_\_\_

Any photographs taken? Yes \_\_\_ No \_\_\_

**Signature of injured party**

X \_\_\_\_\_  
Date

**\*No medical attention was desired and/or required:**

X \_\_\_\_\_  
Signature of injured party if medical attention declined Date

.....

Name of person filling out report \_\_\_\_\_

**Signature**

X \_\_\_\_\_  
Date

Name of farm owner/manager \_\_\_\_\_

**Signature**

X \_\_\_\_\_  
Date