

**CITY OF MIDDLETOWN**  
***SUPERVISORS INCIDENT/INJURY INVESTIGATION REPORT***

(Must be completed within 48 hours of the incident & forwarded to the Risk Manager's Office)

Name of Injured: \_\_\_\_\_

Position/Title: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ Time Injury Reported: \_\_\_\_\_

Who Injury Reported to: \_\_\_\_\_

Location Where Incident Occurred (include photos if available): \_\_\_\_\_

**Nature of Injury:**

_____ Allergic Reaction	_____ Amputation	_____ Bloodborne	_____ Bruise
_____ Burn	_____ Cold/Frostbite	_____ Concussion	_____ Cut
_____ Dog Bite	_____ Dislocation	_____ Dust	
_____ Electrical Shock	_____ Fracture	_____ Foreign Body	
_____ Heat Exhaustion	_____ Internal Injuries	_____ Insect Bite	
_____ Poisoning	_____ Sprains/Strains	_____ Other (explain) _____	

**Part of Body Affected/Injured:**

_____ Abdomen	_____ Ankle (L/R)	_____ Back	_____ Chest
_____ Elbow (L/R)	_____ Eye (L/R)	_____ Finger (explain below)	_____ Foot(L/R)
_____ Forearm (L/R)	_____ Hand (L/R)	_____ Hip (L/R)	_____ Jaw
_____ Knee (L/R)	_____ Leg, lower (L/R)	_____ Leg, upper (L/R)	_____ Mouth
_____ Neck	_____ Nose	_____ Pelvis	_____ Scalp
_____ Shoulder (L/R)	_____ Spine	_____ Skull	_____ Thigh (L/R)
_____ Toe (explain below)	_____ Wrist (L/R)	_____ Other (explain): _____	

**Work Hours:**

Normal Shift:	_____ Day	_____ Evening	_____ Overtime
Shift Injury Occurred:	_____ Day	_____ Evening	_____ Overtime

**Activity:**

_____ Chain Saw	_____ Equipment Operations	_____ Garbage Pick-up	_____ Lifting
_____ Loading/Unloading Material	_____ Mechanic Operations	_____ Mowing	
_____ Mopping/Buffering	_____ Park Maintenance	_____ Plowing Snow	
_____ Shoveling Snow	_____ Tree Cutting	_____ Vehicle Accident	
_____ Other (be specific): _____			

**Safety Equipment Being Used:**

\_\_\_\_\_ Eye Protection  
\_\_\_\_\_ Gloves-Latex  
\_\_\_\_\_ Steel Toe Boots

\_\_\_\_\_ Vehicle Warning Lights  
\_\_\_\_\_ Safety Vest

\_\_\_\_\_ Hard Hat  
\_\_\_\_\_ Chaps

Other (*explain*): \_\_\_\_\_

**Medical Treatment:**

\_\_\_\_\_ First Aid/Urgent Care      \_\_\_\_\_ Middlesex Occupational Medicine      \_\_\_\_\_ Middlesex Hospital  
\_\_\_\_\_ Other (name & phone #): \_\_\_\_\_

\_\_\_\_\_ EMPLOYEE REFUSED MEDICAL TREATMENT AT THIS TIME \_\_\_\_\_ (employee's initials)

**Explain How Injury Occurred In Detail (Include Diagram):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Known Recent Injuries (Any Source):**

\_\_\_\_\_  
\_\_\_\_\_

**Individuals Present at Incident:**

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

**Possible Steps to Prevent Reoccurrence:**

\_\_\_\_\_ Consistent Supervision      \_\_\_\_\_ Disciplinary Actions      \_\_\_\_\_ Employee Training/Re-training  
\_\_\_\_\_ Equipment-Maintenance      \_\_\_\_\_ Equipment-Additional      \_\_\_\_\_ Teamwork Improvement  
\_\_\_\_\_ Facility Condition      \_\_\_\_\_ Procedure Enforcement  
\_\_\_\_\_ Workflow Organization      \_\_\_\_\_ Other (*explain*): \_\_\_\_\_

Explain Prevention Method:

\_\_\_\_\_  
\_\_\_\_\_

**Report Completed By:**

Supervisors Name & Title (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_