



CITIZEN INJURY CLAIM REPORT

DIRECTIONS: This form must be completed by the citizen. Send the completed form to: Risk Management, Office of Budget Services, Administration Center, 8115 Gatehouse Rd, Falls Church, VA 22042. (Telephone #: 571-423-3620) (Fax #: 571-423-3627)

GENERAL INFORMATION

1. Name: Last			First			MI					
3. Address: Number and Street			City			State			Zip Code		
4. Telephone Number:				5. Date of Birth:				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			

INJURY INFORMATION

7. Nature of Injury:											
8. When Injury Occurred: Date			Day of the Week			Exact Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					

ACCIDENT INFORMATION

9. Location of Accident:						Specific Area of School or Office:					
Name of School/Office											
10. Reason for being at school:											
11. Activity sponsor (School, PTA, Boosters, Recreation Dept., etc.):											
12. Equipment, Material, Animal, or Other Person Involved in Accident:											
13. Description of Occurrence:											

14. Witnesses:		Name	Address	Telephone

IMMEDIATE ACTION TAKEN

15. First Aid Treatment by (Name): <input type="checkbox"/> Yes <input type="checkbox"/> No				16. Treated by Physician (Name): <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Treated by Hospital (Name of Hospital): <input type="checkbox"/> Yes <input type="checkbox"/> No				18. Transported by: <input type="checkbox"/> Private Car <input type="checkbox"/> Rescue Squad			

PREPARATION INFORMATION

19. Date:				20. Signature:			
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