

**HIGHLAND RIM ECONOMIC CORPORATION**

P.O. Box 208  
213 College Street  
Erin, Tennessee 37061



**ACCIDENT/INJURY REPORT**

**Date:** \_\_\_\_\_

**Location/Site:** \_\_\_\_\_

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

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

**DOB:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Description of Event:

What was the person doing when injured: \_\_\_\_\_

How was the person hurt or injured? (Describe the injuries): \_\_\_\_\_

Time & Date Accident/Injury occurred? \_\_\_\_\_ Indoors Outdoors

Who witnessed and/or informed of the accident/injury: \_\_\_\_\_

Was Treatment Given?

Band Aide  Wet Paper Towel  Ice/Ice Pack Rinse Area

Other (specify): \_\_\_\_\_

Was a physician contacted? Yes\_\_\_\_ No\_\_\_\_ Was 911 called? Yes \_\_\_\_ No \_\_\_\_

Physician name: \_\_\_\_\_

Hospital/Off Site Treatment Name: \_\_\_\_\_

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

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

Does the injury require follow up appointment: Yes\_\_\_\_ No\_\_\_\_

Where? \_\_\_\_\_

\_\_\_\_\_  
Claimant Signature

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

\_\_\_\_\_  
Staff Signature

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