Columbus County
Injury Report for Non-Employee

Please complete all areas of the form before submitting

Name of Injured Person: [   ]   Date of Report: [   ]

Date of Birth: [   ]   Home Phone: [   ]   Cell Phone: [   ]

Physical Address: [   ]   Social Security #: [   ]

Occupation: [   ]   Marital Status: [   ]

Time / Date of Injury: [   ]

Physical Address Where Accident Occurred: [   ]

Location / Room Where Accident Occurred: [   ]

How Did Accident Happen?: [   ]

Nature and Extent of Injuries: [   ]

Did Injured Person Go To Doctor or Hospital?:   ☐ YES   ☐ NO

Where Did Injured Person Receive Medical Attention?: [   ]

Witness(es) - List All Names and Telephone Numbers:

[   ]   [   ]   [   ]

Prepared By: Title   Department