

*Production Shooting Title:* \_\_\_\_\_

*Producer(s):* \_\_\_\_\_

*Director:* \_\_\_\_\_

**INJURY REPORT FORM  
(TO BE COMPLETED BY WITNESS)**

Date of Report: \_\_\_\_\_

Name of Person Filing Report: \_\_\_\_\_

Position or Character: \_\_\_\_\_

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

Position or Character: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Where did the injury occur? \_\_\_\_\_

Did the injury involve a machine, tool, or other piece of equipment? If so, describe:  
\_\_\_\_\_

Was the use of safety gear, headware, eyewear, footwear or other  
appliance/clothing required while using the equipment involved in the injury? \_\_\_\_\_

Was it in use at the time of the injury? \_\_\_\_\_

Were proper safety precautions being followed at the time of the injury? If not, describe:

**THIS IS A 2-PAGE FORM.**