

INJURY/EXPOSURE REPORT

COMPLETE AT TIME OF INJURY

Personal Information					
Date		Incident Name			
Name					Resource #
Mailing Address					
City				State	Zip Code
Home Agency					
Completed By				Contact #	

Injury/Exposure Information					
Date of Incident		Time		<input type="checkbox"/> Injury	<input type="checkbox"/> Exposure
Location					
City				State	Zip Code

Describe injury/exposure on the back of this form or on a separate sheet and attach.

Medical treatment received at time of injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location		
Transported	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Facility		
Follow-up treatment received	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Facility		
L&I claim filed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Claim #		

Third Party/Witness Information						
Name				Name		
Address				Address		
City				City		
State		Zip Code		State		Zip Code
Contact #				Contact #		

Reviewed By

Immediate Supervisor	Print Name _____	Contact # _____	Signature _____	Date _____
MEDL or Safety Officer	Print Name _____	Contact # _____	Signature _____	Date _____
Incident Commander	Print Name _____	Contact # _____	Signature _____	Date _____

Turn original report in to the Mobilization Representative at the incident. Keep a copy for your records.

Filing an L&I Claim:

If you seek medical attention for a work-related injury that occurred on a Mobilization incident, you must inform the Health Care Provider. Attach a copy of the Report of Industrial Injury or Occupational Disease (ROA) to this report. **Volunteers** – Those personnel reimbursed by the WSP should use the following information to complete the employer portion: *Washington State Patrol, Human Resources Division, PO Box 42620, Olympia WA 98504-2620.* **Career** – Those personnel reimbursed by their home agency should complete the employer portion of the form with their home agency information.