



CITY OF ANTIGO
700 EDISON STREET • ANTIGO, WI 54409
715.623.3633 extension-131 / 154 • srepp@antigo-city.org
www.antigo-city.org

ACCIDENT / INJURY REPORT

Name of Individual completing form: _____	Date: _____
Contact Phone Number for Individual completing form: _____	
Date of Injury: _____	Time of Injury: _____
Physical Address / Location of Injury: _____	

NAME OF INJURED INDIVIDUAL: _____

DATE OF BIRTH OF INDIVIDUAL INJURED: _____ **AGE OF INDIVIDUAL:** _____

NAME OF PARENT (S) / GUARDIAN (IF CHILD IS A MINOR): _____

HOME ADDRESS FOR INJURED INDIVIDUAL

Street: _____

City: _____ **State:** _____ **Zip:** _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

DESCRIBE WHAT HAPPENED IN DETAIL (i.e. how the injury occurred, what took place to cause the injury...etc.):

SPECIFIC BODY PART(S) INJURED: _____

ACTION TAKEN: **CALL 911 for any and all EMERGENCIES** (Name of responder, first aid supplies used...etc.):

WITNESSES: _____
