

## REPORT OF INJURY AND TREATMENT

<b>I. REPORT OF INJURY (To be completed by employee)</b>				
1. Name (Last-First-Middle Initial)	2. Grade	3. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	4. Age	5. Duty Phone Number
6. Your Supervisor's Name and Duty Phone		7. Your Military Unit of Assignment and Mailing Address (Include ZIP Code)		
8. Occupation (Military: Position title and AFSC; Civilian: Alpha-Numeric class/position title)		9. Injury Causing Incident Occurred		
		<input type="checkbox"/> On-Base <input type="checkbox"/> Off-Base	<input type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty	Day-Month-Year Time (Military)
10. Statement in Employee's Own Words on How and Where Injury Occurred				
11. Name(s) of Witness (To injury causing incident)			12. Employee's Signature	

<b>II. REPORT OF TREATMENT (To be completed by health care provider and returned to 15 ABW/SEG, 990 Scott Circle HAFB, HI 96853-5330)</b>				
13. Patient Applied for Treatment		14. Condition of Patient		16. Disposition of patient and estimate duration
Day-Month-Year	Time	<input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious		<input type="checkbox"/> Return to Full Duty  <input type="checkbox"/> Limited/Light Duty _____ Days  <input type="checkbox"/> Quarters/Home _____ Days  Condition that precludes light duty:          <input type="checkbox"/> Hospital _____ Days  <input type="checkbox"/> Referred to _____
15. Describe Injury and Treatment				
				17 Signature and Title of Health Care Provider

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

III. **INVESTIGATION OF INJURY**

**INSTRUCTIONS (Section III)**

1. **For Disabling (Lost Time) Injuries:** Supervisor notifies 15 ABW Ground Safety Office insure proper investigation and reporting of mishap.  
 2. **For Nondisabling (First Aid) Injury:** Supervisor insures Section I contains complete and accurate information (If not, make appropriate changes), completes Section III, and returns to 15 ABW Ground Safety by established procedures and suspense date.  
**NOTE:** If status of employee changes or differs from the health care provider's original disposition (Item 16, Section II) notify 15 ABW Safety Office immediately.

18. Report of investigation on how and why injury occurred

19. Report on what has been done to prevent recurrence of similar mishaps within the organization

20. Principal Cause (Check One)

- Unsafe Mechanical or Physical Condition** (Faulty construction, design, unguarded hazards, etc.)
- Unsafe Act** (Failure to wear equipment, inattention, poor judgement, etc.)
- Unsafe Personal Factor** (Improper attitude, lack of knowledge or skill, disregard of instructions, etc.)
- Fault of Non-USAF Personnel or Material**
- Other** (Explain)

21. Place of Occurrence <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	22. Employee Was: <input type="checkbox"/> Able to Perform Normal Duty <input type="checkbox"/> Able to Perform Light Duty _____ Days <input type="checkbox"/> Unable to Perform Any Duty _____ Days	23. Claim Forms Submitted (Civilian Only) <input type="checkbox"/> LS 202 <input type="checkbox"/> CA-1 <input type="checkbox"/> CA-16 <input type="checkbox"/> CA-2 <input type="checkbox"/> Other (Specify) _____
24. Date Report Completed	25. Organization	26. Signature

27. Additional Remarks

**COMMANDERS ENDORSEMENT**

25. <input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur	29. Signature
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