

REPORT OF INJURY AND TREATMENT

Privacy Act Statement:

Authority: 10 U.S.C. 8013; 44 U.S. 3101 and EO 9397

Purpose: This information is collected to enable proper and accurate entry into the Air Force Mishap reporting data system, IAW AFI 91-204.

Routine Uses: To collect information to enable the 15 AW/SEG to develop trend analysis so that programs can be developed to educate members on the avoiding mishaps. The SSN is used for identification of the individual and records.

Disclosure is Voluntary: Omission of this information would preclude an accurate tracking of mishap, limiting or preventing the 15th AW/SEG from conducting the necessary trend analysis, and may severely impact the Air Force's ability to make improvements in its training and safety programs. Further, the information serves as background mishap data which may be necessary if any occupational injury is later claimed.

I. REPORT OF INJURY (To be completed by employee)

1. Name (Last-First-Middle Initial)		SSN	2. Grade	3. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	4. Age
5. Duty Phone	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"/> On-Duty	Day-Month-Year	Time (Military)
		<input type="checkbox"/> Off-Base	<input type="checkbox"/> Off-Duty		

10. Statement in Employee's Own Words on How and Where Injury Occurred
IAW AFI 91-202 - 15AW Sup 1 - The original of this form needs to be delivered to 15AW/SEG not later than (5) five work days subsequent to the mishap.

11. Name(s) of Witness (To injury causing incident)	12. Employee's Signature
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II. REPORT OF TREATMENT (To be completed by health care provider and return to 15AW/SEG)

13. Patient Applied for Treatment	14. Condition of Patient	16. Disposition of Patient and Estimate Duration.
Day-Month-Year	Time	
		<input type="checkbox"/> Return to Full Duty
		<input type="checkbox"/> Limited/Light Duty _____ Days
		<input type="checkbox"/> Quarters/Home _____ Days
15. Describe Injury and Treatment		Conditions That Precludes Light Duty:
		<input type="checkbox"/> Hospital _____ Days
		<input type="checkbox"/> Referred to _____
		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 15AW 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 15AW 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 15AW 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 judgment, 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

- Indoors
- Outdoors

22. Employee Was:

- Able to Perform Normal Duty
- Able to Perform Light Duty _____ Days
- Unable to Perform Any Duty _____ Days

23. Claim Forms Submitted (Civilian Only)

- LS 202 LS 201
- CA-16 CA-1
- Other (Specify) CA-2

26. Signature

27. Additional Remarks

COMMANDERS ENDORSEMENT

- 28. Concur
- Non-Concur

29. Signature