



**DFM INJURY /ACCIDENT REPORT**

**EMAIL DFM Safety Hotline IMMEDIATELY: dfmsafety@gmail.com**

Also CC Head of Production

(NOTE: TAKE PHOTOGRAPHS AND/OR VIDEO OF ACCIDENT SCENE) PRODUCTION

TITLE: TODAY'S: \_\_\_\_\_ DATE: \_\_\_\_\_

INJURED'S NAME: \_\_\_\_\_ CAST/CREW/OTHER?

DATE OF INJURY: \_\_\_\_\_ TIME: AM/PM

ADDRESS OF INJURY: \_\_\_\_\_

**INJURED PART OF THE BODY**  
(CHECK ALL THAT APPLY)

- HEAD      CHEST      SHOULDER      WRIST      NECK      RIB      BACK
- CHIN      ELBOW      PELVIS      ANKLE      KNEE      NOSE      TOE
- EYE      MOUTH      TOOTH      BUTTOCKS      FOOT      EAR
- CHEEK      THORAT      ABDOMEN      UPPER ARM      FINGER/DIGIT\_\_\_\_\_
- BACK OF HAND      LOWER ARM      UPPER LEG      LOWER LEG
- PALM OF HAND      OTHER\_\_\_\_\_

IF ILLNESS, DESCRIBE: \_\_\_\_\_ IF

OTHER, DESCRIBE: \_\_\_\_\_ GIVE

DETAILS AS TO HOW INJURY OCCURRED (be exact):

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Was injured person treated on set only? \_\_\_\_\_

Type of treatment? \_\_\_\_\_

Was injured person taken for medical care? \_\_\_\_\_

Name and address of medical facility: \_\_\_\_\_

\_\_\_\_\_

Planned hours of the shoot: \_\_\_\_\_

What Time of Day did Injured Person Start Work: \_\_\_\_\_

Was injured person a student? \_\_\_\_\_

Where? \_\_\_\_\_

Was injured person paid to be on set? \_\_\_\_\_ How much? \_\_\_\_\_

## INJURED PERSON'S INFORMATION:

ADDRESS: \_\_\_\_\_ CELL

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF

BIRTH: \_\_\_\_\_

SS# \_\_\_\_\_

WITNESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## CORRECTIVE ACTION

TAKEN: \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_

## DIRECTOR CONTACT INFORMATION:

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_