

**Clarksville Police Department**

1970 Broadway  
Clarksville, Indiana 47129  
812.288.7151

DATE OF INJURY:		
MONTH	DAY	YEAR

Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

**SUPERVISORS REPORT OF INJURY**

Employee Injured: \_\_\_\_\_ P.E. Number: \_\_\_\_\_

Location of Injury: \_\_\_\_\_

EMS: \_\_\_\_\_ Hospital: \_\_\_\_\_ Family Contacted: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

How did injury occur:

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_____	_____	_____
Witness Name:	Witness Address:	Witness Phone No.

_____	_____	_____
Witness Name:	Witness Address:	Witness Phone No.

_____	_____	_____	_____
Case Report No.	Crash Report No.	Photos	Videos

Injuries involving department vehicle: Employee driving department vehicle will submit to a B.A.C. Test at the Clarksville Police Department with results attached to this form. In the event of employee transported to the hospital, supervisor shall request blood testing for departmental records.

Witness statements shall be attached to this form. Photographs or video will be placed in evidence under the proper department case report number.

In the event of vehicle injury involving department vehicles, the Clark County Sheriff's Department will be called to the scene to investigate the incident. Should Clark County be unavailable, the State Police will be called to investigate.

Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Chief of Police, Asst. Chief of Police and Shift Captain

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**OFFICER NARRATIVE OF INJURY**

**INSTRUCTIONS:** The injured employee must use this form to report all work related injuries and accidents. This form shall be completed by the injured employee as soon as possible and given to the supervisor to attach to the Supervisor Report of Injury form.

*Please include a detailed account of the incident which led to the injury/accident.*

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Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_