INJURY/ACCIDENTON SET

Call Douglas Moore IMMEDIATELY!

(424) 702-7595 CELL

douglas.moore@lmu.edu

Workman’s Compensation Insurance info:

HARTFORD Insurance Company # 72WE AM3MAM

SFTV INJURY /ACCIDENT REPORT

The Hartford Insurance Company
Policy #72WE AM3MAM

EMAIL TO DOUG MOORE IMMEDIATELY: DOUGLAS.MOORE@LMU.EDU

Also email to SFTV Production Office and your faculty member.
(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):

____

____

____

____

SFTV INJURY /ACCIDENT REPORT

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:_______________________________