INJURY/ACCIDENT ON SET

Call Douglas Moore IMMEDIATELY!

(424) 702-7595 CELL

douglas.moore@lmu.edu

Workman's Compensation Insurance info:

HARTFORD Insurance Company **# 72WE AM3MAM**

1-800-327-3636

THE HARTFORD BUSINESS SERVICE CENTER

3600 WISEMAN BLVD

SAN ANTONIO TX 78251

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:_____