PART II: INFORMATION REQUIRED FOR ALL INJURY REPORTS

15. **Name of Injured:** _____
16. **Social Security Number:** _____
17. **Age:** _____ 18. **Sex:** ❑ **male** ❑ **female**
19. **Total Job Experience (years):** _____ 20. **Experience in Type (years):** _____
21. **Job Title:** _____
22. **Job Assignment at Time of Injury:** _____

_____

23. **Contaminants to Which Exposed (if any):** _____
24. **Workers' Compensation CA1/CA2 Submitted:** ❑ Yes ❑ No
25. **Name/Address of Doctor/Hospital:**

PART III: INFORMATION REQUIRED FOR ALL PROPERTY DAMAGE ACCIDENTS

27. **Government Property:** _____
28. **Government Property ID No.:** _____
29. **Additional Government Property:** _____
30. **Additional Government Property ID No.:** _____
31. **Cost to Government:** _____
32. **Additional Cost:** _____
33. **Claim Filed:** ❑ Yes ❑ No
34. **Operational Days Lost:** _____
35. **Name of Operator/Individual:** _____
36. **Schedule/Series:** _____
37. **Operator Total Experience (years):** _____
38. **Operator Experience in Type of Work at Time of Accident (years):** _____