



SUPERVISOR'S REPORT OF ACCIDENT

CORRECTIONS AND CONDITIONAL RELEASE REGULATIONS

(PLEASE PRINT OR TYPE)

PERSONAL INFORMATION

Answers to fields and questions with an asterisk (*) are mandatory.

* Inmate/claimant's name in full:		
Gender: ☐ Male ☐ Female ☐ Another gender	* Finger Print System (FPS) No.:	Marital Status:
* Name and address of the institution where injured (street, city, province, postal code):		
* Earliest Date of Release (YYYY-MM-DD)	Address after release (if known)(street, city, province, postal code):	

ACCIDENT

* Date and hour of the accident: _____ (YYYY-MM-DD) ____ (HH:MM) ☐ a.m. ☐ p.m.	To whom was the accident reported? (name and title)
Date and hour the accident was reported: _____ (YYYY-MM-DD) ____ (HH:MM) ☐ a.m. ☐ p.m.	
* Where did the accident occur?	
* What was the inmate/claimant doing at the time of the accident?	
* Was the inmate/claimant performing assigned work or attending an approved training course? ☐ Yes ☐ No	
If not working, was the inmate/claimant participating in a recreational or social activity? (Please specify)	
Describe fully how the accident occurred:	
Name(s) and email of witness(es) (if applicable):	
In your opinion, is there any misrepresentation or concealment in this case? If yes, please specify:	



DISABILITY

* What injury did the inmate/claimant sustain?

Did the inmate/claimant resume regular work or activities?

☐ Yes

☐ No

If yes, specify date:

(YYYY-MM-DD)

MEDICAL TREATMENT

* Was medical aid rendered following the accident?

☐ Yes

☐ No

When (YYYY-MM-DD)?

If yes, by whom? (name and title)

* What treatment was given?

Who rendered follow-up treatment (name and title)?

State the name(s) and address(es) of the treating physician, therapist or hospital (street, city, province, postal code):

* Supervisor's name and email (please print or type)

* Supervisor's signature

Date (YYYY-MM-DD)

* Director's name and email (please print or type)

* Director's signature

Date (YYYY-MM-DD)