<b>ND Senior Career</b>	
Development (ND	SCD)

## **ACCIDENT REPORT**

State	
County	

FAX to 701 456 1199

PLEASE SUBMIT THIS REPORT TO NO SCO WITHIN 24 HOURS OF ACCIDENT							
DATE OF ACCEPTED	PLEASE SUBRIT THIS						
and of Additional	TIME OF ACCIDENT	DATE ACCIDENT REPO	INTED TO SUPERVISOR	PROPOSED RETURN TO	WORK DATE		
SARTICIPANTS NACH	DAM. OPM.						
ASSESSMENT OF STREET	800/AL	SECULTYRUMBER	ASSOCIETY				
MARITAL STATUS							
	GENNER	EINTH DATE					
MONEAUDROSS							
			HOME PHONE NO.				
HOST REEMOY ASSERTED			( ) WORK PHONE NO.				
			AND HAVE LAND WELL HAD!				
			NOST AGENCY PROME	NUMBER OF SPIELES	WANTED PARK		
BYAGT LOCATION OF ACCOUNT			1 >	A STANDARD OF THE PARTY OF THE	ingoline and		
many monitorior of section	i T						
- Printer and the second							
THE PARTICIPANT	DOING AT THE TRIE OF THE AC	COUNTY					
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DESCRIPTIVE BUILTY AND IVA	THE PROPERTY OF THE PARTY OF TH						
NAMES, ADDRESSES, AND PAR	HE HUMBERS OF WITHEREDS						
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TO THE SHIPS OF THE PROPERTY.	THISTONIAN CANALANT STAN	entrain propagation was remained by a first and an extension					
THE OPTION OF THE SUPERVISOR, WHAT WAS THE APPARENT CAUSE OF THE ACCESSITY (ASSESSED SECTION OF SEC							
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LOST TEXES 12 Yes	O No FERSTAIDS	ADMINISTERED? C Yes C!	No HAS PARTICIPAL	(TSEENADOCTOR? []	(es DNo		
MARIER, ADDRESS, AND PHONE NO. OF HOSPITAL WHERE PARTICIPANT WAS TAKEN							
SOCTORS NAME, ADDRESS, AN	DPHONEND.						
WHAT ABOUT HAVE BEEN BONE TO PREVENT THE ACCIDENTY							
The second secon	·			-			
CORRESTRYE ACTION VALUE OF	F'17						
CONTROL IN BACTION TAXEN BY	SUPERVISOR						
ABBITIONAL CORRECTIVE ACTION RECEIVE (B) ED							
	ATTACH /	ADDITIONAL PAGES IF NEC	ESSARY				
SUPERVISOR'S SIGNATURE			10	ATE			
PARTICIPANT'S SIGNATURE	(l'applicable)		D	ATE			