DEPARTMENT OF HOMELAND SECURITY

FEDERAL LAW ENFORCEMENT TRAINING CENTERS
INJURY INFORMATION

The purpose of this form is to identify student injuries while training at the Federal Law Enforcement Training Center and for internal tracking of student injuries in order to provide a safe training environment.

Print Clearly

Staff Name: _____

Agency: _____ Division: _____

Print Clearly

Student Name: _____

Class Name/ #: _____ Agency: _____

INJURY INFO:

Date of injury: _____ **Time of injury**: _____

Injured body part(s): (Specify left/right)

_____ Upper Back	_____ Chest	_____ Finger	_____ Foot
_____ Mid Back	_____ Shoulder	_____ Abdomen	_____ Toe
_____ Lower Back	_____ Upper Arm	_____ Hip	
_____ Head	_____ Elbow	_____ Thigh	
_____ Neck	_____ Forearm	_____ Knee	
_____ Face	_____ Wrist	_____ Lower Leg	
_____ Eye	_____ Hand	_____ Ankle	

_____ Other/explain: _____

Injury occurred during:

- ☐ Firearms Training
- ☐ Pyrotechniques Training
- ☐ Physical Techniques Training
- ☐ Marine Training
- ☐ Driver Training
- ☐ Other/Define: _____

Explain how injury occurred/Give details:

Privacy Act Statement

The following information is provided in accordance with the Privacy Act of 1974 5 U.S.C. 552a(e)(3): Authority for the collection of this information is 5 U.S.C. 4101 at seq., Executive Order No. 11348 and the DHS Delegation Number 7950. The primary use of this information is to evaluate fitness to participate in training activities conducted at the FLETC and for internal tracking of student injuries to provide a safe training environment while on FLETC. Routine uses of this information as established and published in accordance with 5 U.S.C. a(3)(4)(D), include transfer of this information to officials of the FLETC and your agency. Disclosure of this information is, voluntary. However, it may not be possible for you to receive training at the FLETC if the information is not provided.

Injurer's Signature:

Reset Form