



Form B9 – Other non-intentional injury

MSCB Reference

CD11/12 xxxx

Form B9 – Other non-intentional injury

Specify nature of non-intentional injury (e.g. fall, collision not involving a motor vehicle, sports injury, suffocation, bite, sting, electric shock).

Brief account of events:

- Location of incident:
- Home or garden of usual residence
 - Other home or garden
 - Public place (e.g. park)
 - School or other educational institutional
 - Public building
 - Other building
 - Other, please specify
 - Not known

If fall

Type of fall:

- Fall on same level
- Fall from building or structure
- Fall on or from stairs
- Other fall from one level in another
- Fall on or from ladder or stepladder
- Unspecified fall

Approximate height of fall: