

## Regulation 1052 Injury Report Form

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Pursuant to POST Regulation 1052 Requirements for Course Certification Section (a)(9)(D)(d), 'The POST Regional Consultant shall be notified in writing within 5 business days of the injury requiring more than basic first aid during training.'

Please submit the information requested below to satisfy [Regulation 1052](#) reporting requirements:

### Course Information

**Presenter Name**

**Course Type**

- ☐ Regular Basic Course (Including Modules I, II, and III, and PC 832)
- ☐ In-Service
- ☐ Dispatch

**Course Name**

**Course Control Number**

**Course Instructor Name**

**Select the POST Region Where the Course Took Place**

### Course Coordinator Contact Information

**Name**

**Email**

**Contact Number**

Phone Number

## Incident Information

### Date of Incident

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Month		Day		Year

### Time of Incident

<input type="text"/>	:	<input type="text"/>	AM	<input type="text"/>
Hour		Minutes		

### Please Provide the Address of Where the Incident Took Place

### Please Describe the Extent of the Injury

### Please Describe How the Injury Occurred

### Gender

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Prefer Not to Disclose