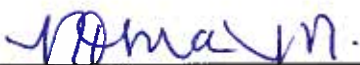



SUPERVISOR'S SUMMARY OF MISHAP

THIS FORM SHOULD BE COMPLETED BY SUPERVISOR

1. Employee's Name (Last first, middle) Norma Martinez		2. Home Mailing Address (Number, street, city, state, Zip code) 5550 Balboa Arms Drive #88, San Diego, Ca 92117															
3. Date of Birth (MMDDYYYY) 10/28/1972	4. Sex: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. Employee ID Number: Temp employee	6. Home Telephone Area Code Number (619-642-6628)														
7. Name and Address of Employer (Number, street, city, state, Zip code) MARINE CORPS COMMUNITY SERVICES 3800 CHOSIN AVENUE Bldg. 5 SAN DIEGO, CA 92140-5196		8. Employee's Job Title Prep cook Department: 2602 Department Extension: 02	Circle days usually worked each week Full time / Part time / Flex This is a Temp employee for Event Services Hours scheduled each day of week of injury: <table border="1"><tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr><tr><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td></tr></table>	S	M	T	W	T	F	S	X	X					
S	M	T	W	T	F	S											
X	X																
9. Date of Injury: (MMDDYYYY) 6/15/2025	10. Hour of injury 14 : 45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		11. Place Where Injury Occurred (Dept, Bldg #, Landmarks) Building 132 Back kitchen area														
12. Name of Supervisory at Time of Injury Robert Hanley Emp #: 129228		13. Work Due to Injury/ leave work? Yes / <input checked="" type="radio"/> No	14. If Yes, Date Stopped / /														
15. Cause of Injury (Explain in what way the injury or occupational illness was caused by employment) (wet floor, improper training, inattention, etc.) Employee slipped on some grease spilled on the floor																	
16. Effects of Injury (indicate parts of body affected or if death occurred) (left/right hand, etc.) Fell on her right knee causing swelling and bruising																	
17. If injury is a result of lifting, approximate weight of item. _____																	
18. Has medical attention been requested? no																	
19. What action would you recommend to prevent reoccurrence of the mishap? Clean up spills immediatly																	
20.																	
																	
Signature of Employee		Signature of Supervisor															
Date		Date															
		Robert Hanley															
		Printed Name of Supervisor															
		6/15/25															
Date Received at Human Resources _____		Date Supervisor/Manager knew of the accident															