



**Form B6- Other non-intentional injury**

<b>Specify nature of non-intentional injury</b> <i>(e.g. fall, collision not involving a motor vehicle, sports injury, suffocation, bite, sting, electric shock etc)</i>	
<b>Brief account of events:</b>	
<b>Location of incident:</b>	<input type="checkbox"/> Home or garden of usual residence <input type="checkbox"/> Other home or garden <input type="checkbox"/> Public place (e.g. park) <input type="checkbox"/> School or other educational institution <input type="checkbox"/> Public building <input type="checkbox"/> Other building <input type="checkbox"/> Other, please specify <input type="checkbox"/> Not known
<b>If fall, type of fall:</b>	<input type="checkbox"/> Fall on same level <input type="checkbox"/> Fall from building or structure <input type="checkbox"/> Fall on or from stairs <input type="checkbox"/> Other fall from one level to another <input type="checkbox"/> Fall on or from ladder or stepladder <input type="checkbox"/> Unspecified fall
<b>Approximate height of fall</b>	