

INJURED EMPLOYEE'S REPORT

Please complete the entire form

Name: _____	SS#: _____
Address: (Street) _____	Phone #: _____
(city) _____ (zip) _____ (county) _____	Date of Birth: _____
Marital Status: _____	# of children under 18: _____
Job Title: _____	Date of hire: _____

Accident Information

Date of accident: / /	Time of accident: a.m./p.m.
Date returned to work: / /	Start time: a.m./p.m.
Exact location of accident:	Address of accident:
<p>Describe in detail the events leading up to the accident and how it happened: (attach additional pages if necessary)</p>	
To whom did you report the accident and when?	
List the part(s) of your body which were injured. Be specific.	
Did you seek medical treatment? If yes, where were you treated and by whom?	
Did defective equipment, material, furnishings, co-workers, or other factors contribute to the accident? If yes, describe the how.	
List the witness(s) to the accident:	
Please indicate if you have ever injured this part of your body before. Yes No (Please circle)	
If so, when and where?	

Employee's Signature

Date