

# EMPLOYEE'S ACCIDENT REPORT

**TO THE EMPLOYEE:** *This report must be completed by you as soon as possible after your injury. Read the questions carefully and make your answers complete and accurate.*

Name _____	Date of Birth _____
<i>Last</i>	<i>First</i> <i>M.</i>
Home Address _____	
_____	
Home Phone _____	Sex _____
Job Title _____	Years on Job _____
Supervisor _____	
Date of Injury _____	Time of Injury _____ AM    PM

Did you immediately report your injury to your team leader?     Yes     No  
If yes, *when (indicate date and time)?* \_\_\_\_\_  
If you did not immediately report your injury to your team lead, please state your reason\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location where the injury occurred \_\_\_\_\_  
Describe what happened to cause your injury \_\_\_\_\_  
What can you do to prevent future injury? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the nature of your injury (*specifically, what parts of your body have been injured*)?  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses to the accident?     Yes     No    If yes, what are their names \_\_\_\_\_

Have you previously had an injury similar to this? \_\_\_\_\_  
Additional comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature _____	Date _____
Supervisor's Signature _____	
Workers' Compensation Coordinator's Signature _____	
Date of Meeting _____	