

Instructions
Employee's Report of Injury

Purpose of Form:



EMPLOYEE'S REPORT OF INJURY

Dear Employee

We received a report that you were injured in the course of your employment. To process your claim efficiently, please fill in all lines completely and print legibly. Attach additional sheets if necessary.

Name: _____ Social Security: _____ Gender: M F
Last First MI. Maiden Date of Injury: _____
Address: _____
City: _____ State: _____ ZIP: _____ Employer: _____
Primary Phone Number: _____ Job Title: _____
Secondary Phone Number: _____ Work Schedule: _____
Email address: _____

1) What was the exact location of the accident? Include street address if possible

2) What was happening at the time? What was going on around you, what were you doing, what were other people doing

3) Briefly describe what exactly caused the injury:

4) What areas of your body were injured?

When and to whom did you report your injury? Date W _____ Time W _____
Name: _____ Title W _____ Phone Number: _____

List all known witnesses (continue on back if necessary): 1. Name W _____ Phone: _____
Name W _____ Phone: _____ 3. Name: _____ Phone: _____

7) Who is your Primary Care Physician or family doctor?