

REPORT BY INJURED EMPLOYEE

Employer: _____

Your Name: _____

Your Home Address: _____

Your Home Phone Number: _____ Age: _____

Social Security Number: _____

Date of Accident: _____ Time of Accident: _____

In your own words, please describe what happened: _____

What physical problems do you relate to this injury? _____

Did you report this injury to your supervisor? _____ If not, why not? _____

Date Reported? _____ Supervisor's Name: _____

Were you working at your regular job at the time of the injury? _____ If not, please explain:

Were there any witnesses? _____ If yes, who? _____

Did you go to the hospital/clinic? Yes _____ No _____

Address of hospital/clinic: _____

Name of treating physician: _____

Any additional comments: _____

Date

Signature