

Employee Accident Report
(To Be Completed by the Injured Employee)



EMPLOYER: _____

EMPLOYEE NAME: _____

DATE OF ACCIDENT: _____

LOCATION OF ACCIDENT: _____

WHAT HAPPENED? (PLEASE DESCRIBE ACCIDENT ON YOUR OWN WORDS):

HOW WERE YOU INJURED? _____

WHAT PARTS OF YOUR BODY WAS/WERE HURT? (Indicate right or left)

HAVE YOU EVER INJURED THIS PART OF YOUR BODY BEFORE? Yes No

If so, please describe:

WHO WAS PRESENT WHEN THE ACCIDENT/INCIDENT HAPPENED?

THE ABOVE IS TRUE AND CORRECT

(SIGNATURE)

DATE

ACCIDENT REPORTS MUST BE HANDED IN TO YOUR SUPERVISOR OR ACTING SUPERVISOR IMMEDIATELY AFTER ANY ACCIDENT. FAILURE TO PROMPTLY REPORT ACCIDENTS WILL RESULT IN DISCIPLINE UP TO AND INCLUDING DISCHARGE.

Willing making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties up to \$10,000 per violation.