

# EMPLOYEE'S REPORT OF ACCIDENT

Employee's Name:	Age:	Sex:

Job Position/Title:	Social Security Number:

Supervisor's Name:	Shift Hours:	Days off:

Date and Time of Accident:	Location of Accident:

Date and Time Accident Reported:	To Whom:

Task Being Performed When Accident Occurred:

Names of Witness(es):

Describe How the Accident Occurred:

What Part of your Body was Injured:
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Describe the Injuries in Detail:

Date you First Sought Medical Attention:
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Name of Doctor and/or Hospital:
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Signature of Employee:	Date: