

Employee Report of Accident

Name _____ Date of Birth _____

Home Address _____

Home Phone Number _____ Sex Male Female

Job Position/Title _____ Supervisor Name _____

Date and Time of Accident _____ Location/Dept _____

What time did you report to work on the day of the accident? _____

When was your last day of work _____

Describe how accident happened :

What part of your body was injured _____

Describe injuries in detail:

List the names of any witnesses to your accident

Could anything be done to prevent accidents of this type?

Signature of Employee _____ Date _____