

**REPORT BY INJURED EMPLOYEE**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_

TIME YOU NORMALLY START WORK: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE REPORTED: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

IN YOUR OWN WORDS, PLEASE DESCRIBE WHAT HAPPENED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT BODY PART WAS INJURED (provide as much detail as possible, i.e., right arm, middle finger, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE INJURY (i.e., broken leg, bruise, muscle strain, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WERE YOU WORKING AT YOUR REGULAR JOB AT THE TIME OF THE INJURY? IF NO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

WERE THERE ANY WITNESSES? IF YES, WHO? \_\_\_\_\_

\_\_\_\_\_

DID YOU GO TO THE DOCTOR? IF YES, DOCTOR'S NAME & ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE